

Medical Examiners Case		LURZ		BALTIMORE CITY HEALTH DEPARTMENT		52 9001		Registered No. 52 9001	
Released to Hospital		BIRTH NO.		CERTIFICATE OF DEATH					
1. NAME OF DECEASED (Type or Print) John Lurz				2. DATE OF DEATH September 29, 1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE Md. B. COUNTY					
5. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL				6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-02					
7. Length of stay in Baltimore Yrs. Mos. Days				8. STREET ADDRESS (If rural, give location) 820 N. Milton Ave.					
5. SEX male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 6-14-26		9. AGE (In years last birthday) 76	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Machinist		10B. KIND OF BUSINESS OR INDUSTRY National Enamel Stamping Co.		11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Joseph Lurz				14. MOTHER'S MAIDEN NAME Regina Stecker					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 215-03-3063		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL					
18. E900.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) Injury to the skull Fracture of skull Contusion of Brain (B) (C)				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) house (Outside)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2600 block Beryl Ave.		8/3			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept. 26, 1952 p. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Missed footing and fell down steps					
22. I hereby certify that I attended the deceased from 9-26, 1952, to 9-29, 1952, that I last saw the deceased alive on 9-29, 1952, and that death occurred at 7:20 Pm., from the causes and on the date stated above.				23A. SIGNATURE Albert Kaplan M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 9-29-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Oct 3, 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) Bealier Road.,			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Schimunek Funeral Home		ADDRESS 2601-03-05 E. Madison Street			

SEP 30 1952 N802.2
Certificates to be approved by Medical Examiner

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9002
BIRTH NO.

Registered No. 52 9002

1. NAME OF DECEASED (Type or Print) RAYMOND R. BOGART		2. DATE OF DEATH 9/29/52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE MD b. COUNTY Urban Way	
b. FULL NAME OF HOSPITAL OR INSTITUTION Balto City Hospitals		c. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore 26-836	
Length of stay in Baltimore 2 yrs.		d. STREET ADDRESS (If rural, give location) 1103 Urban Way	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) 85		10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labourer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Eric County Pa.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Madeline Smith		ADDRESS 1103 Urban Way	

18. **422.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Arteriosclerotic**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cardiovascular**
DUE TO
(C) **Disease**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inquiry + Inspection** and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE **Francis J. Januszewski** M.D. 23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒ 23c. DATE SIGNED **9/29/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 1, 1952	24c. NAME OF CEMETERY OR CREMATORY Cedar Hill	24d. LOCATION (City, town, or county) (State) Washington D.C.
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DATE RECEIVED BY LOCAL REGISTRAR SEP 30 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wendell J. Poppel	ADDRESS 312 Highland Ave
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10.3.11

52 9003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9003

Registered No. _____

BIRTH NO. *Not Recd*1. NAME OF DECEASED
(Type or Print)*Richard Kugel*2. DATE
OF
DEATH*Sept. 30, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*HOR*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived. If institution (residence before admission)

A. STATE

New York

B. COUNTY

V-21

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Flushing

D. STREET ADDRESS (If rural, give location)

7524 198th St

5. SEX

male

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

*8-5-52*9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

*New York*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Vincent Kugel

14. MOTHER'S MAIDEN NAME

*Catherine Burbage*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
*JOHNS HOPKINS HOSPITAL*18. *754.4*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH*Cardiac Arrest*
Congenital Anomalous
*8 weeks*OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9/2/1952* to *9/30/1952*, that I last saw the
deceased alive on *9/30/1952*, and that death occurred at *1000* *am*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

*JOHNS HOPKINS HOSPITAL**9-30-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL
OCT. 2, 1952
St. Mary's
Flushing Long Island, New York

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*H. A. Williams, M.D.**J. O. Mitchell & Sons*

VS 150

Med Ex Case Released to hospital

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 9004**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MICHAEL JASKI, JR.		2. DATE OF DEATH September 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Balto		D. STREET ADDRESS (If rural, give location) 2212 Boston Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-8-44
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Student	9. AGE (In years last birthday) 8 yrs If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Michael Jaski Jr.		11. BIRTHPLACE (State or foreign country) Baltimore-Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Frances Goodman	
17. INFORMANT Michael Jaski Jr.		ADDRESS 2212 Boston Street	

18. **E929.8**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Drowning**~~XXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
harbor21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
found at foot of Lancaster Street21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
9/28/52 4:30 P.21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

water reached into water, slipped and fell in22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, **accident** ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
9/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

642
52 9005GARLACH
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 9005

1. NAME OF DECEASED (Type or Print) ADAM GARLACH			2. DATE OF DEATH 9/30/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Balto City C. CITY OR TOWN Balto, Md (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) 3723 Foster Ave		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days 36-09		
5. SEX Male	6. COLOR OF RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 13 May 1888	9. AGE (In years last birthday) 64	10. CITIZEN OF WHAT COUNTRY? USA
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOKKEEPER		10B. KIND OF BUSINESS OR INDUSTRY LAWYER		11. BIRTHPLACE (State or foreign country) Balto, Md	
13. FATHER'S NAME George Garlach			14. MOTHER'S MAIDEN NAME Anna Marie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I CAUSE OF DEATH (A) Cerebral Vascular Accident DUE TO (B) Arteriosclerosis and/or thrombosis DUE TO (C) acute myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 6 days	19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
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19A. DATE OF OPERATION None	19B. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9/24**, 1952, to **9/30**, 1952, that I last saw the deceased alive on **9/30**, 1952, and that death occurred at **2:30** p.m., from the causes and on the date stated above.

23A. SIGNATURE C. R. Garlach	23B. ADDRESS Mercy Hospital	23C. DATE SIGNED 9/30/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) 10-2-52	24B. DATE 10-2-52	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	24D. LOCATION (City, town, or county) (State) Balto - Md
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DATE RECEIVED BY LOCAL REGISTRAR OCT 1 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR W. J. & Z. 403 S. Wolfe	ADDRESS 403 S. Wolfe
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9006

600
2 9006

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) Sarah Elizabeth Tarr

2. DATE OF DEATH Sept. 28, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
Fetterhoff Nursing Home
3502 Clifton Ave.,

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Md. B. COUNTY Baltimore

C. CITY OR TOWN Larchmont
Baltimore County

D. STREET ADDRESS (if rural, give location)
2502 Poplar Drive 5200

5. Length of stay in Baltimore Yrs. Mos. Days

6. SEX Female

7. COLOR OR RACE White

8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

9. AGE (In years: last birthday) 75

10. DATE OF BIRTH Dec. 29, 1876

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Warren Reynolds

14. MOTHER'S MAIDEN NAME Anna Brady

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no

16. SOCIAL SECURITY NO. none

17. INFORMANT Mrs. Bessie L. Trusheim

ADDRESS 2502 Poplar Dr.

18. 420.1 and 260x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerotic Hypertension

DUE TO

(C) Cardiovascular Renal disease

INTERVAL BETWEEN ONSET AND DEATH 1 day.

3 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Aug 1952 to 28 Sept 1952, that I last saw the deceased alive on 28 Sept, 1952, and that death occurred 10:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE Edward D. Davis

23B. ADDRESS Medical Arts Bldg

23C. DATE SIGNED 29 Sept 52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 10-1-1952

24C. NAME OF CEMETERY OR CREMATORY Loudon Park

24D. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR OCT 1 - 1952

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR G. Howard Strong

ADDRESS 3207 W. North Ave.,

Dr E. L. J. Waring
4508 Ed Village

500
52 9007

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9007

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE W. BOWEN

2. DATE
OF
DEATH

Sept 29-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St Agnes Hosp D.O.A.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Ind

C. CITY OR TOWN (If outside corporate limits write R.U.C. and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3701 McTAVISH AVE

8. DATE OF BIRTH

9. AGE (in years last birthday) 65
If Under 1 Year Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

Ind

12. CITIZEN OF
WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

CAB DRIVER RET.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

717-059933

17. INFORMANT

THELMA E. LOHR 3701 McTAVISH AVE

CAUSE OF DEATH

18. 420.1

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Thromboses Coronary Arteries

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Sclerosis

Years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5/21, 1952, to 9/29, 1952, that I last saw the deceased alive on 9/29, 1952, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Meudelis M.D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Oct 7, 1952

London Park

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

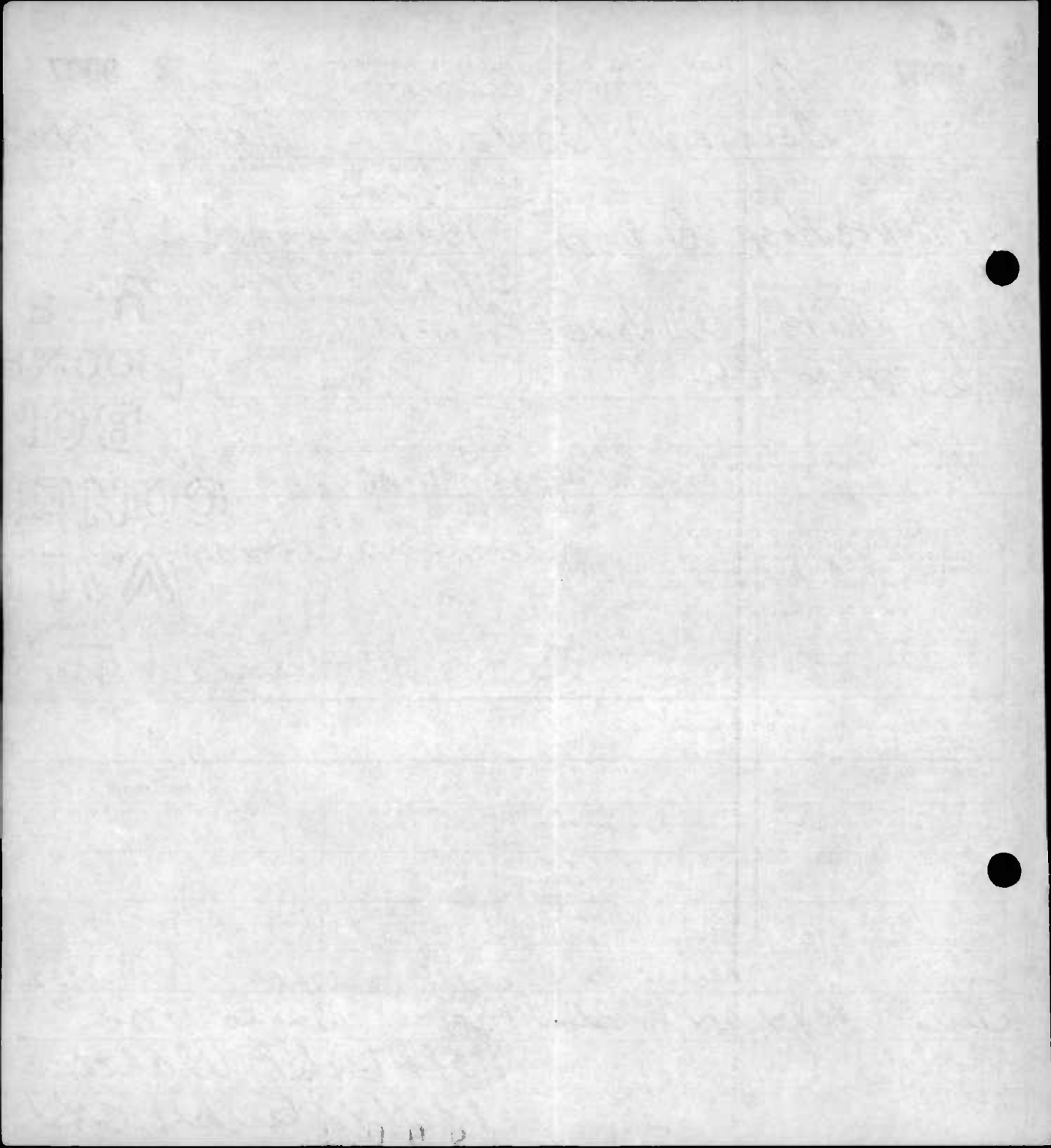
ADDRESS

OCT 1 - 1952

Huntington Williams, M.D.

1101 E. B.M. Walters

68254 P. H. & S. H. H. H.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9008
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah. Friedman

2. DATE
OF
DEATH

9/30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

SINAI HOSPITAL OF BALT.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE New York V-29
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1620 Ave F

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

9. AGE (In years
last birthday)

76

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Bessie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Dr. Joseph Friedman - 3800 Oakley

18. 420.1 and 154X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) coronary occlusion
(C) arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

carcinoma of rectum.

19A. DATE OF OPERATION

9/30/52

19B. MAJOR FINDINGS OF OPERATION

carcinoma of rectum, arteriosclerosis.

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/25 1952 to 9/30 1952, that I last saw the
deceased alive on 9/30 1952 and that death occurred at 5:20 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

8008

8008

RECEIVED OF DEATH

8008

8008

554
52 9009BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9009
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lester Emanuel</i>		2. DATE OF DEATH <i>9/19/51</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MD.</i> b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>42 Sinai Hosp.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 27-05</i>	
Length of stay in Baltimore <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>3023 Orlando ave</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>March 4, 1898</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Pharmaceuticals Balto Md</i>	9. AGE (In years last birthday) <i>53</i>
13. FATHER'S NAME <i>Solomon H Emanuel</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		11. BIRTHPLACE (State or foreign country) <i>BALTO MD</i>	
16. SOCIAL SECURITY NO. <i>218-09-9218</i>		17. INFORMANT <i>Mrs Eli Emanuel</i>	
18. <i>422.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary congestion</i>		CAUSE OF DEATH <i>Congestive Heart Failure</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION <i>2</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/23</i> , 19 <i>51</i> , to <i>9/19</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>7/28</i> , 19 <i>51</i> , and that death occurred at <i>1:20</i> Am., from the causes and on the date stated above.			
23a. SIGNATURE <i>Harriet Bakal</i>		23b. ADDRESS <i>Sinai Hosp. Balto</i>	
23c. DATE SIGNED <i>9/19/51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation Oct 4, 1952</i>		24b. DATE <i>Oct 4, 1952</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Greenmount</i>		24d. LOCATION (City, town, or county) (State) <i>Greenmount MD</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 1 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	
25. FUNERAL DIRECTOR <i>Daniel R. Martin</i>		ADDRESS <i>1902 Euter</i>	

3904P 09004



BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SHARBS, WANDA

2. DATE
OF
DEATH

9/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE MD B. COUNTY Howard5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION UNIV. HOSPITAL

Length of stay in Baltimore

Yrs.
Mos.
DaysC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
EKKRIDGE 6300D. STREET ADDRESS (If rural, give location)
Hanover Road

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

CHILD

8. DATE OF BIRTH

Feb. 19, 1952

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

JONES, SHARBS

11. BIRTHPLACE (State or foreign country)

Elkridge, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

EULA MAE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Ella Mae Sharp
Hanover Rd. Elkridge, Md.

18. 571.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DOA @ 7:42 a.m.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

A. ACIDOSIS
B. DIARRHEA (acute gastroenteritis)

(C)

R412

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

ACHONDROPLASTIC DWARF

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 9/29, 1952, to 9/29, 1952, that I last saw the
deceased alive on 19 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 1 - 1952

Huntington Williams, M.D.

1631 Daniel Hill Ave.

NOT A MEDICAL EXAMINER'S CASE

RT Fisher

CHIEF OR ASST. MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9011**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cephas Williams

2. DATE
OF
DEATH

Sept. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3013 Lyttleton Rd

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE *Md.*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3013 Lyttleton Rd

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/15/1898

9. AGE (in years last birthday)

58

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter Y.M.C.A.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Williams

14. MOTHER'S MAIDEN NAME

Anna Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Lucille Williams - 3013 Lyttleton Rd

CAUSE OF DEATH

18. *019.2*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Miliary Tuberculosis

INTERVAL BETWEEN ONSET AND DEATH

4 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *9/22*, 1952, to *9/28*, 1952, that I last saw the deceased alive on *9/28*, 1952 and that death occurred at *3 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

924 W. Broadway

23C. DATE SIGNED

9/30/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/1/52

24C. NAME OF CEMETERY OR CREMATORY

Western Star

24D. LOCATION (City, town, or county) (State)

Catonville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles A. Rice - 661 W. Barre St

OCT 1 - 1952

HARRAHAM

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9012

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dr. Edward M. Sturrahman

2. DATE
OF
DEATH

Sep. 30 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Johns Hopkins Hospital

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ruxton 4

D. STREET ADDRESS (If rural, give location)

Thornton Rd

5300

c. Length of stay in Baltimore

37

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

10-16-1892

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

M.D.

10B. KIND OF BUSINESS OR
INDUSTRY

Surgeon

11. BIRTHPLACE (State or foreign country)

Binghamton N.Y.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward Sturrahman Sr.

14. MOTHER'S MAIDEN NAME

Julia Stack

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

WW I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH.
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Meningitis

DUE TO

UNKNOWN

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Pulmonary tuberculosis

DUE TO

20 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 9/26, 1952, to 9/30, 1952, that I last saw the
deceased alive on 9/30, 1952, and that death occurred at 10:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

JOHNS HOPKINS HOSPITAL

9/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

OCT 1 - 1952

Huntington Williams, M.D.

25 FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

ADDRESS

OCT 1 - 1952

Huntington Williams, M.D. & Sons Co 4905 York Rd

VS 150

97585

correct age is especially important. Physicians' practice

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9013
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARION WILSON DAY			2. DATE OF DEATH SEPT. 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 208 TAPLOW ROAD			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 27-12		
C. Length of stay in Baltimore 49 YRS.			D. STREET ADDRESS (If rural, give location) 208 TAPLOW ROAD		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 21, 1876		9. AGE (In years last birthday) 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME JOHN V. WILSON			14. MOTHER'S MAIDEN NAME MARY G. RANKIN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MRS. R. S. DE GROFF 208 TAPLOW RD.		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO Coarctation of Aorta (B) Hypertension DUE TO Atherosclerosis (C) _____	INTERVAL BETWEEN ONSET AND DEATH 9 months 1 wk Gradual ✓
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Aug 1943** to **Sept 30, 1952** that I last saw the deceased alive on **9-30-52** and that death occurred at **10 P M.** from the causes and on the date stated above.

23A. SIGNATURE M. H. Brady	M. D. 1403 Park Ave	23C. DATE SIGNED 10-1-52
--------------------------------------	-------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 10-3-1952	24C. NAME OF CEMETERY OR CREMATORY CHESTNUT GROVE	24D. LOCATION (City, town, or county) (State) BALTO. CO. MD.
--	-------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR OCT 1 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR H. W. JENKINS & SONS CO.	ADDRESS 4905 YORK ROAD
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MEDICAL CERTIFICATION

DR W H WOODY
1403 PARK AVE.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9014

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SUBIE ANN WALSH

2. DATE
OF
DEATH September 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Harmans

D. STREET ADDRESS (If rural, give location)

5200 Ritchie Highway

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 4, 1896

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

13. FATHER'S NAME

Charles A. Grace

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary E. Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John C. Walsh - Harmans, Md.

18. E816.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushed chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Highway

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Ritchie Highway near Route 301 5200

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Sept. 29, 1952 1:45 P. M.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto and trailer truck collision

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Hord

23B. CHIEF MEDICAL EXAMINER.....☐M.D. ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Sept. 30, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/2/52

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk.

24D. LOCATION (City, town, or county)

Howard Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Chas. J. Tickener & Sons

ADDRESS

Balto. 17 Md.

VS 151

N 662.0

5200

correct age is extremely important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

22. 2. 1912. 1912. 1912.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9015

BIRTH NO. 52 9015 30-24435

1. NAME OF DECEASED
(Type or Print)

MARY SUE HARMAN

2. DATE
OF
DEATH

September 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Harmans, Md.

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Nov. 13, 1950

9. AGE (In years
last birthday)

1

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter Stanley Harman

14. MOTHER'S MAIDEN NAME

Virginia Walsh

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John C. Walsh - Harmans, Md.

18. E 816.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Subdural hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Highway

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Ritchie Highway near Route 301

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Sept. 29, 1952 1:45 P. M.

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

collision

Passenger in auto & trailer truck

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

M. D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

Sept. 30, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/2/52

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk.

24D. LOCATION (City, town, or county)

Howard Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

26m. J. Tiekner & Sons

Batto. 17, Md

VS 151

N 854.2

100 E 200

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Wm. J. Johnson
Dec 15, 1888

654
52 9016BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9016
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ruth Esther Arnold

2. DATE
OF
DEATH

9/30/52

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hosp.

Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1317 Goucher Ave.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 8, 1896

9. AGE (In years
last birthday)

56

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Joshua J. Dixon

14. MOTHER'S MAIDEN NAME

Sarah M. Griffith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Hosp records

✓

18. 416x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral & Pulmonary emboli

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Rheumatic Heart Disease

DUE TO

(C)

F. fibrillation

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/20/52, 19 to 9/30/52, 19, that I last saw the
deceased alive on 9/30, 1952 and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/3/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 1 - 1952

Huntington Williams, M.D.

Wm. J. Pickner & Sons

Balto. 17, Md.

1950

RECEIVED BY THE DIRECTOR OF THE
BUREAU OF THE CENSUS

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9017**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MR. ROBERT RAINEY KELLY			2. DATE OF DEATH SEPT. 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15 15-41		
5. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3005 GWYNNS FALLS PARKWAY		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 13, 1889		9. AGE (In years last birthday) 62 yrs
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUDITOR			10B. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (State or foreign country) MARYLAND
13. FATHER'S NAME THOMAS J. KELLY			14. MOTHER'S MAIDEN NAME MARY RAINEY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT MRS. ELIZABETH S. KELLY (WIFE)			ADDRESS SAME		

<p>18. 443X</p> <p>I</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Hypertensive cardiovascular disease</p> <p align="center">DUE TO</p> <p>(B) Atherosclerosis, generalized</p> <p align="center">DUE TO</p> <p>(C)</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-29 , 19 52 , to 9-30 , 19 52 , that I last saw the deceased alive on 9-30-52 , 19 52 , and that death occurred at 1:45 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Harvey S. Green		23B. ADDRESS Union Memorial Hosp		23C. DATE SIGNED 9-30-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/3/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 1 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Stm. J. Lickner & Sons	
VS 150				ADDRESS Balto 17, Md.	

correct age is especially important. Physicians: please write the cause of death clearly and briefly.

MEDICAL CERTIFICATION

145000730901

7108

SP

RECEIVED

1967

1102

234
52 9018BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9018
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUDWIG JOESTLEIN

2. DATE
OF
DEATH

Sept. 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONMount Nursing Home
3706 Nortonia Rd.4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1022 Bonaparte

E. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Sept. 28, 1882

9. AGE (in years
last birthday)

70 yrs.

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Gas & Elec. Co.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ludwig Joestlein

14. MOTHER'S MAIDEN NAME

Margaret Schopf

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
212-05-4209A

17. INFORMANT

ADDRESS

Miss Marie Joestlein-110 W. 39th St.

18. 160X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1952, to Sept 29, 1952, that I last saw the
deceased alive on Sept 19, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William G. Schopf

M. O.

23B. ADDRESS

5006 Roland Ave

23C. DATE SIGNED

9/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

10/1/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crematory

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. T. Ticker, M.D.

Balto 17th

OCT 1 - 1952

VS 150

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

52 9019

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Dr. Orthello Sidney Langworthy

2. DATE
OF
DEATH

Sept. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

none

5. FULL NAME OF (If not in hospital or institution, give street address or location)

1503 Bolton St.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1503 Bolton St.

Length of stay in Baltimore

18
Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 26, 1865

9. AGE (In years, last birthday)

86

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

physician

10B. KIND OF BUSINESS OR INDUSTRY

general practitioner

11. BIRTHPLACE (State or foreign country)

West Edmeston, N. Y.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Hollum Langworthy

14. MOTHER'S MAIDEN NAME

Rosina Pope

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dr. Orthello R. Langworthy-1503 Bolton St.

18. **420.0 and 181X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) **Acute Coronary occlusion**
DUE TO **Arteriosclerotic Heart disease with complete Heart block**
(B) **Papillary Carcinoma of the**
DUE TO **urinary bladder**
(C) **↓**

INTERVAL BETWEEN ONSET AND DEATH

6 hrs.

7 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **April**, 19**51**, to **9-30**, 19**52**, that I last saw the deceased alive on **9-30**, 19**52**, and that death occurred at **3:50** pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

11 E. Chase St.

10 - 1 - 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

10 - 2 - 52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Hamilton N. Y.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 1 - 1952

Huntington Williams, M.D.

John O. Mitchell & Sons, Inc.-1900 Eutaw Place

TO: DIRECTOR, CENTRAL INTELLIGENCE AGENCY

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

CLASSIFICATION: [Illegible]

CONTROL NUMBER: [Illegible]

FILE NUMBER: [Illegible]

REPORT NUMBER: [Illegible]

REPORT DATE: [Illegible]

REPORT TYPE: [Illegible]

REPORT STATUS: [Illegible]

REPORT SUBJECT: [Illegible]

REPORT SUMMARY: [Illegible]

REPORT DETAILS: [Illegible]

REPORT CONCLUSIONS: [Illegible]

REPORT RECOMMENDATIONS: [Illegible]

REPORT COMMENTS: [Illegible]

REPORT DISTRIBUTION: [Illegible]

REPORT APPROVAL: [Illegible]

REPORT SIGNATURE: [Illegible]

REPORT DATE: [Illegible]

REPORT TYPE: [Illegible]

REPORT STATUS: [Illegible]

REPORT SUBJECT: [Illegible]

REPORT SUMMARY: [Illegible]

REPORT DETAILS: [Illegible]

REPORT CONCLUSIONS: [Illegible]

REPORT RECOMMENDATIONS: [Illegible]

362
52 9020
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9020

1. NAME OF DECEASED (Type or Print) JOHN STARKLAUF, JR.			2. DATE OF DEATH 9/30/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE, MD.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE BALTIMORE, MD. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) BON SECOURS HOSPITAL			C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 25 S. FULTON AVE.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3/14/83	9. AGE (In years last birthday) 69	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Bookkeeper B. & O. R. R.			11. BIRTHPLACE (State or foreign country) BALTIMORE		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JOHN STARKLAUF			14. MOTHER'S MAIDEN NAME ANNIE ULRICH		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. FLORENCE STARKLAUF * WIFE			ADDRESS		

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **ACUTE MYOCARDIAL INFARCTION**

DUE TO

5 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **CORONARY ARTERY DISEASE**

DUE TO

(C) **GENERALIZED ARTERIOSCLEROSIS**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **9/29/52**, 19**52**, to **9/30/52**, 19**52**, that I last saw the deceased alive on **9/30/52**, 19**52**, and that death occurred at **9 A** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

3105009015

0806

52

0806

2102

523
525
BIRTH NO. 5021BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9021

1. NAME OF DECEASED (Type or Print) <i>Isaac Johnston (Johnson)</i>		2. DATE OF DEATH <i>9-26-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bas - Wil - Ba Convalescent</i>		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) <i>Baltimore 15-01</i>	
Length of stay in Baltimore <i>50</i>		D. STREET ADDRESS (If rural, give location) <i>1341 N. Baltimore st</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>9-14-74</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Gardener</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>78</i>
11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>unknown</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>UNKNOWN UNKNOWN</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Bertude Wooden Brantley me</i>		1039 ADDRESS	
18. <i>450.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Generalized Arteriosclerosis</i>	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
(B) DUE TO		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Ulcerative Colitis</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 1952</i> , to <i>Sept 26, 1952</i> , that I last saw the deceased alive on <i>Sept 26, 1952</i> , and that death occurred at <i>5:22</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Gilbert L. Banfield</i>		23B. ADDRESS <i>722 N. Fulton Ave</i>	
23C. DATE SIGNED <i>10-1-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-7-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Zion Cem</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 1 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	
25. FUNERAL DIRECTOR <i>William A. Jackson</i>		916 ADDRESS <i>me</i>	

520009010

1982

UNITED STATES DEPARTMENT OF THE INTERIOR

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100

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9022

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLOYD

KYLE

2. DATE
OF
DEATH

October 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1159 Quantril Way

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 12, 1923

9. AGE (In years
last birthday)

29

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Beth Steel Co.

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W. W. II

16. SOCIAL
SECURITY NO.

219-14-5169

17. INFORMANT

ADDRESS

Margaret L. Kyle 1159 Quantril Way

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Comminuted fracture of left femur

XXXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Bronchopneumonia

XXXXX

(C) Fat embolus

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ ND ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Howard and Mulberry Streets 4/1

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

September 26, 1952

m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Smith

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

Oct. 1, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10/2/52

24C. NAME OF CEMETERY OR CREMATORY

Lanier Hill

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Paul E. Chismuth, 3615-17 Chestnut Ave.

VS 151

N821.0

970 3U

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

0033

25

CHAMBRE DE DEBATS

0033

25



D-616
52 9023BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9023
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Drene Driver

2. DATE
OF
DEATH

Sept 27 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5. Length of stay in Baltimore

Life

5. SEX

Female Negro-

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

Robert Gordon

8. DATE OF BIRTH

7-21-04

9. AGE (In years last birthday)

48

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Carrie Barnes-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular renal disease

10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Terminal uremia

1 mo.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-21-1952 to 9-27-1952 that I last saw the deceased alive on 9-27-1952 and that death occurred at 9:42 m., from the causes and on the date stated above.

23A. SIGNATURE

Richard W. Green

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/1/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Choy O. Wilson 1000 Brontgaw

1950

CERTIFICATE OF DEATH

[Faint, illegible text and markings on a death certificate form, including fields for name, date, and cause of death.]

3100

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9024
Registered No.

BIRTH NO. 52 9024

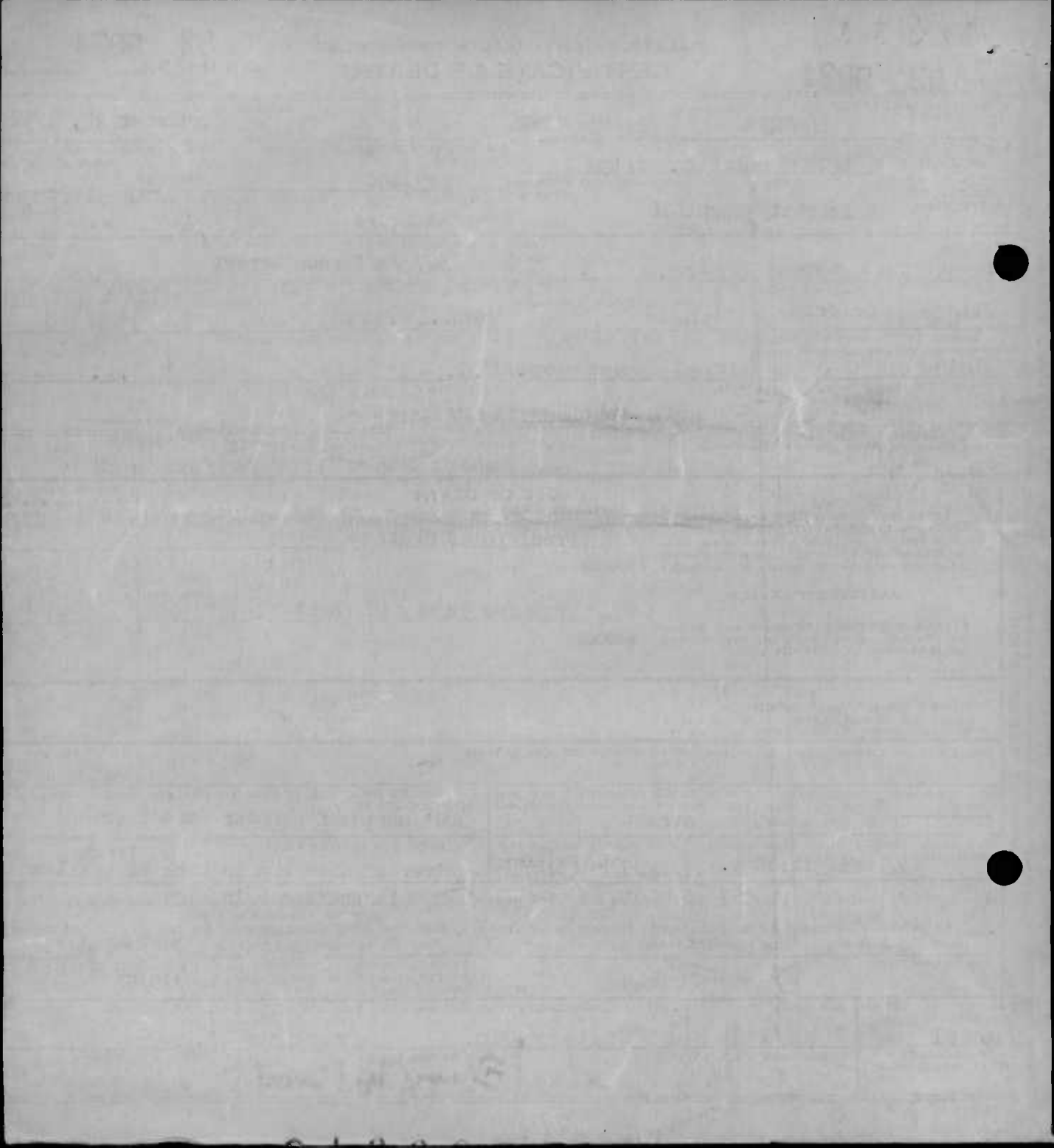
1. NAME OF DECEASED (Type or Print) ROBERT JONES		2. DATE OF DEATH September 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 12 Yrs.		D. STREET ADDRESS (If rural, give location) 1907 Jefferson Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 19, 1926
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Signal Depow Gov.	9. AGE (in years last birthday) 26
13. FATHER'S NAME Robert Jones		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		14. MOTHER'S MAIDEN NAME Ruth Jones	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Robert Jones 1907 Jefferson St	

18. E816.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of Skull XXXXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Crushing Injury of Chest XXXXXX		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. <input checked="" type="checkbox"/> UNDERLYING <input type="checkbox"/> CONTRIBUTING	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 300' north of Hanover Street Bridge
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 9/28/52 11:40 p.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? truck driver of auto ran in back of trailer

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. Fisher	23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED 9/29/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/2/1952	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.
24D. LOCATION (City, town, or county) (State) Brooklyn Md.	24E. DATE RECEIVED BY LOCAL REGISTRAR	24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.
24G. FUNERAL DIRECTOR	24H. ADDRESS Elroy Williams, 1000 Brooklyn	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

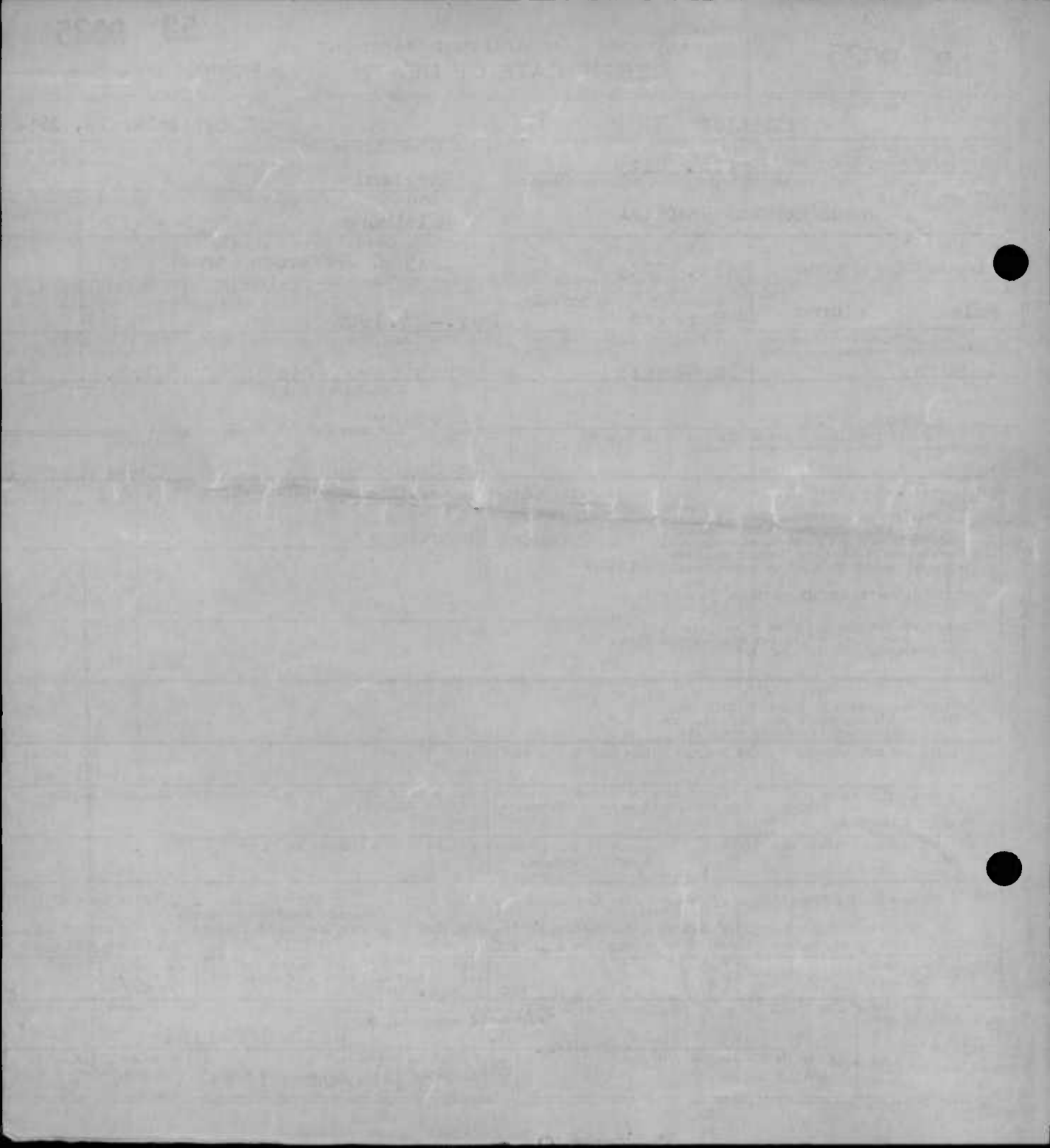
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) FREDERICK PRICE		2. DATE OF DEATH September 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1913 E. Jefferson Street		6-04	
5. SEX Male		6. COLOR OR RACE Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov.-23.1903	
9. AGE (In years last birthday) 48		10. UNDER 1 Year Months: _____ Days: _____	
11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Mack Price		14. MOTHER'S MAIDEN NAME Molley Price	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Ada Price		ADDRESS 1913 Jefferson St	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Cerebral Hemorrhage XXXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE B. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 9/29/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/4/1952		24C. NAME OF CEMETERY OR CREMATORY Price Cem.	
24D. LOCATION (City, town, or county) North Carolina		24E. FUNERAL DIRECTOR Chas W. Boy		24F. ADDRESS 1000 Brantly Ave	



D-150
52 9026BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9026
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel Dabney (Dabney)

2. DATE
OF
DEATH

9-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN Baltimore

D. STREET ADDRESS (If rural, give location)

101 Norris Lane

Length of stay in Baltimore 334

5. SEX

male

6. COLOR OR RACE

col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 19, 1901

9. AGE (In years
last birthday)

51

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Farming

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mama Dabney 2569 McEldoh

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Crushed Chest

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

STREET

21C. WHERE DID
INJURY OCCUR? If in Baltimore City, give
county.

20ft. South Norris Lane - Rt. 151

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY9-27-52-8⁴⁰_p m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian Struck by Auto

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Updegraff

M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

9-28-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10-1-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Arden

24D. LOCATION (City, town or county)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elroy Wilson 1000 Brantley Ave

ADDRESS

V S 151

N-86

97011

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-200
52 9027BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9027
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Blanche V. Ross

2. DATE
OF
DEATH

Sept. 30-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1530 N. Carey St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balt.

15-01

D. STREET ADDRESS (If rural, give location)

1530 N. Carey St.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Mar.

8. DATE OF BIRTH

June, 26-1901

9. AGE (In years
last birthday)

51

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Carter

14. MOTHER'S MAIDEN NAME

Annie Wally

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Walter P. Ross 1530 N. Carey

18. 442x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive & arteriosclerotic

DUE TO

(C)

Cardiovascular renal disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1951, to Sept 30, 1952, that I last saw the
deceased alive on Sept 15, 1952 and that death occurred at 3:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, Jr.

Samuel W. Sullivan, Jr.

10-11 N. Huntington Ave

MEDICAL CERTIFICATION

OCT 1 VS 150

CERTIFICATE OF DEATH

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>		<p>3. AGE</p>		<p>4. DATE OF BIRTH</p>	
<p>5. PLACE OF BIRTH</p>		<p>6. OCCUPATION</p>		<p>7. CAUSE OF DEATH</p>		<p>8. MANNER OF DEATH</p>	
<p>9. SIGNATURE OF DECEASED</p>		<p>10. SIGNATURE OF WITNESSES</p>		<p>11. SIGNATURE OF PHYSICIAN</p>		<p>12. SIGNATURE OF CORONER</p>	
<p>13. SIGNATURE OF JUDGE</p>		<p>14. SIGNATURE OF CLERK</p>		<p>15. SIGNATURE OF REGISTRAR</p>		<p>16. SIGNATURE OF HEALTH OFFICER</p>	

2000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

X 52 9028
Registered No. _____

BIRTH NO. *52-18752*

1. NAME OF DECEASED (Type or Print) <i>Paul Feeney</i>		2. DATE OF DEATH <i>9-30-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Rockdale 5300</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>3627 Florida Ave.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>August 5, 1952</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Clarence P. Feeney</i>		14. MOTHER'S MAIDEN NAME <i>Virginia Mowll</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT ADDRESS <i>Mr. Clarence P. Feeney, 3627 Florida Ave. Rockdale, Md.</i>	

18. <i>760.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH	
	(A) <i>Cerebral Damage</i> DUE TO		
	(B) <i>Birth Trauma</i> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>9-23</i> , 19 <i>52</i> , to <i>9-30</i> , 19 <i>52</i> ; that I last saw the deceased alive on <i>9-30</i> , 19 <i>52</i> and that death occurred at <i>12:15 Pm.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>G. Ramirez</i>		23B. ADDRESS <i>University Hop.</i>		23C. DATE SIGNED <i>9-30-52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct. 2, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Alphonsus Church Cemetery, Woodstock, Md.</i>	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>9-1-1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>St. Louis Amoroso</i>	
		ADDRESS <i>4510 Liberty Heights Ave.</i>	

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of jury		12. Signature of witnesses	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
33. Signature of burial		34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
41. Signature of burial		42. Signature of burial		43. Signature of burial		44. Signature of burial	
45. Signature of burial		46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial		52. Signature of burial	
53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

A-4526 9029

52 9029

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) John A. Albert			2. DATE OF DEATH Sept. 30-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION 28 S. Washington St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 2-01		
6. LENGTH OF STAY IN BALTIMORE Life			D. STREET ADDRESS (If rural, give location) 28 S. Washington St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 13 1874		9. AGE in years (last birthday) 78
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) City laborer.			10B. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Balto.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME John Albert		
14. MOTHER'S MAIDEN NAME ?			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		
16. SOCIAL SECURITY NO. 212-18-7281			17. INFORMANT ADDRESS Joseph Albert 28 S. Washington St.		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hemorrhage into Cerebrum, day		CAUSE OF DEATH Hemorrhage into Cerebrum, day	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/26/47 , to 9/30/52 , 19____, that I last saw the deceased alive on 9/30/52 , and that death occurred at 4:15 pm. from the causes and on the date stated above.					
22A. SIGNATURE William L. Solomon		22B. ADDRESS 129 S. Bayway		22C. DATE SIGNED 10/1/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct 3-52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) Belair Rd Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR CT 1-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Th. J. P. Bess		ADDRESS 1800 E. Lombard St.	

CERTIFICATE OF DEATH

Name of Deceased		Age		Sex		Race		Date of Death	
Place of Birth		Date of Birth		Cause of Death		Died at		Buried at	
Occupation		Married		Signature of Physician		Signature of Registrar		Signature of Minister	
Residence		County		State		City		Town	
Hospital		Physician		Nurse		Funeral Home		Burial Place	
Interment		Burial		Cremation		Other		Remarks	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9030**

BIRTH NO.:

1. NAME OF DECEASED
(Type or Print)

JOSEPH A CASALE

2. DATE
OF
DEATH

Oct. 1st 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2641 Ashland Ave. - 5

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

MAY 27-1893

9. AGE (In years last birthday)

59

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Grocer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

SALVATORE CASALE

14. MOTHER'S MAIDEN NAME

ANNA SPANTINATO

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS **2641 Ashland**

18. **260X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Insufficiency**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cerebral Accident**

DUE TO

(C) **Diabetes Mellitus**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from **Oct. 1st**, 19 **52** to **Oct. 1st**, 19 **52**, that I last saw the deceased alive on **Oct. 1st**, 19 **52** and that death occurred at **2:45a** m., from the causes and on the date stated above.

23A. SIGNATURE

P. Flannery

M. D.

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

Oct. 1, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-4-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

BALTO

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 1 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Buck

ADDRESS

5305 Harford Rd

VS 150

1952029064

MEDICAL CERTIFICATION

0000

CONFIDENTIAL

0000

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

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540

52 9031

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9031

1. NAME OF DECEASED (Type or Print) <i>Baby Boy O'Neill</i>		2. DATE OF DEATH <i>Sept 30, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>MERCY HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i> <i>5300</i>	
D. STREET ADDRESS (If rural, give location) <i>MALVERN AVE. RUXTON</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>Sept. 25, 1952</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>child</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>John O'Neill</i>		11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <i>CARLYNE FORSTER</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>FATHER -</i>	
18. 770.1		ADDRESS <i>SAME</i>	

18. 770.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		<i>Cardio-respiratory failure</i>			
ANTECEDENT CAUSES		(B) DUE TO		<i>Kennicks</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 25, 1952</i> to <i>Sept 30, 1952</i> , that I last saw the deceased alive on <i>Sept 30, 1952</i> , and that death occurred at <i>9:30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Martina Thoma - Certifier</i>		23B. ADDRESS <i>Mercy Hospital</i>		23C. DATE SIGNED <i>9-30-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/3/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>BALTO MD</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>5305 Harford Rd</i>	

VS 150

MEDICAL CERTIFICATION

1008 52

1500



421

9032

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9032

1. NAME OF DECEASED (Type or Print) Kate Gillespie		2. DATE OF DEATH Sep. 30, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Johns Hopkins Hospital		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY Worcester	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Snow Hill	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 7300	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov ? 1882
9. AGE (In years last birthday) 69	10. A. USUAL OCCUPATION (Give kind of work done during most of work in life, even if retired) Nurse	10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 69
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Waterfield		14. MOTHER'S MAIDEN NAME Elizabeth Tunnell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ? Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH ? 4 weeks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis		years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/16, 1952, to 9/30, 1952, that I last saw the deceased alive on 9/30, 1952, and that death occurred at 10:00 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Carol G. Johnson		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 10/1/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE Oct 3, 1952		24C. NAME OF CEMETERY OR CREMATORY Methodist Cen	
24D. LOCATION (City, town, or county) (State) Snow Hill Md		24E. DATE RECEIVED BY LOCAL REGISTRAR OCT 1 - 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR Clay Dennis		24H. ADDRESS Snow Hill Md		24I. VS 150	

0520009027

5000

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RECEIVED

5000

RECEIVED

RECEIVED

5000

300
52 9033
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

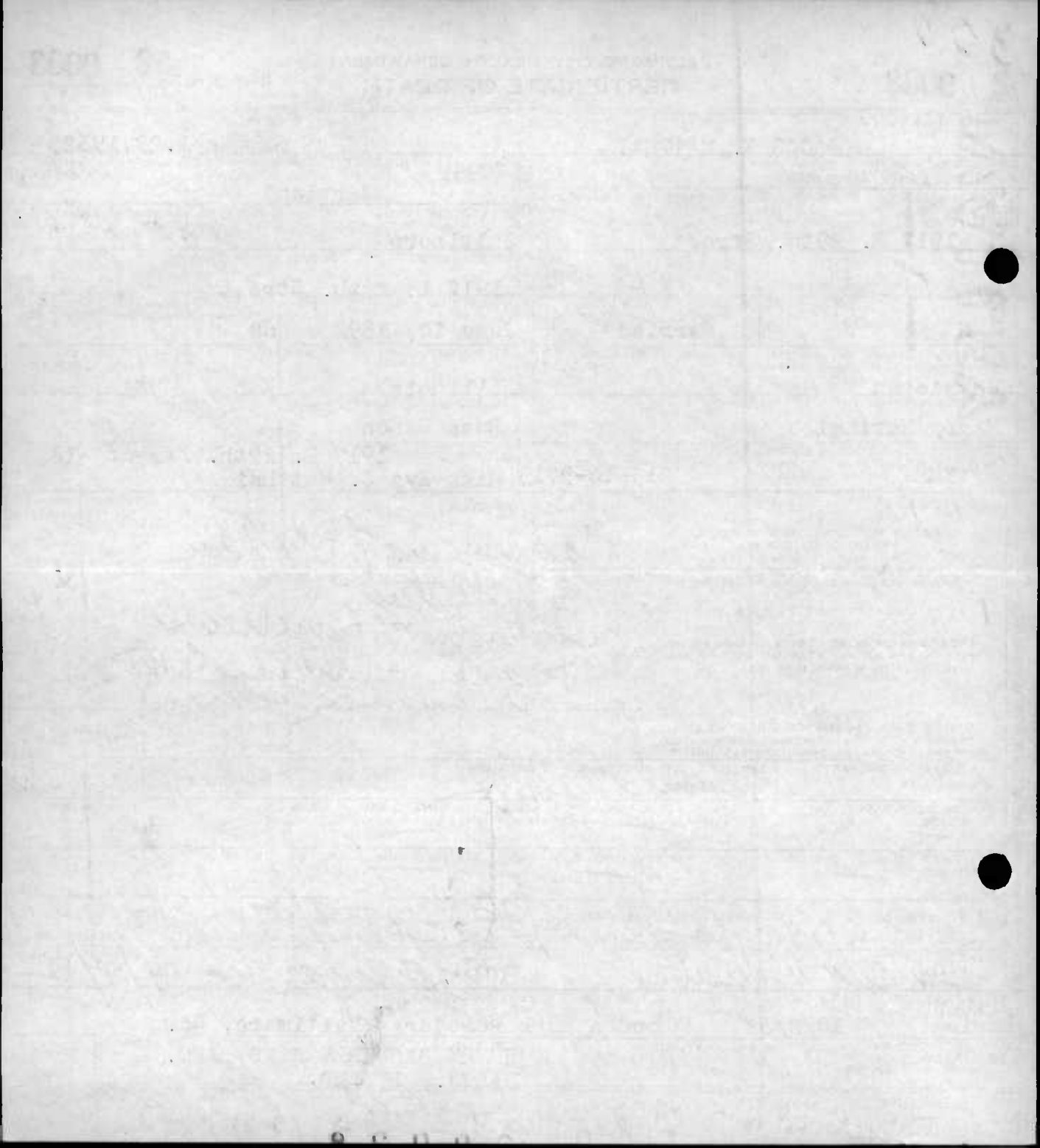
52 9033
Registered No.

1. NAME OF DECEASED (Type or Print) JACOB H. MATTHAI			2. DATE OF DEATH Sept. 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY 9-06		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1917 E. 29th. Street			C. CITY OR TOWN Baltimore (If outside corporate limits, write FULL, and give township)		
C. Length of stay in Baltimore 9 mo Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1917 E. 29th. Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 10, 1892	9. AGE (In years, last birthday) 60	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois	
13. FATHER'S NAME Marry Matthai		14. MOTHER'S MAIDEN NAME Rose Mason		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. 213-16-9713		17. INFORMANT 1917 E. 29th. Street -18 Miss Eva C. Matthai	

18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Bladder C Metastasis Obstruction to upper urinary tract - Urine Colic Pulmonary edema DUE TO (A) 1 1/2 yrs (B) 1 1/2 yrs (C) 1 1/2 yrs ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
--	--

19A. DATE OF OPERATION 9/29		19B. MAJOR FINDINGS OF OPERATION Same as above		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/26 , 19 52 , to 9/29 , 19 52 , that I last saw the deceased alive on 9/29 , 19 52 , and that death occurred at 2:50 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. W. W. M. M. M.		23B. ADDRESS 3009 Evergreen Ave		23C. DATE SIGNED 9/30/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 10/2/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR HENRY SANDER & SONS, INC BALTO., 13, MD.			
DATE RECEIVED BY LOCAL REGISTRAR OCT 1 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

VS 150
* - speaking at L.H. - By Dr. Smith - 07585
1 1/2 yrs ago.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9034**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUDER, NORA MAY

2. DATE
OF
DEATH

9-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Md. Gen. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Balto.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1826 E. 28th St. #18

C. Length of stay in Baltimore

63

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

4-29-89

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Charles F. Nagel

14. MOTHER'S MAIDEN NAME

Georgianna Caskey

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Walter Louder 1826 E. 28th St. #18

18. **292.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac decompensation 14 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Pleural effusion

QUE TO

(C)

Hemolytic anemia

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **7-18**, 19**52**, to **9-29**, 19**52**, that I last saw the
deceased alive on **9-29**, 19**52**, and that death occurred at **10:25 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Ag Duckworth

23B. ADDRESS

Md. Gen. Hosp.

23C. DATE SIGNED

9-29-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

10/2/52

Cedar Hill Cemetery

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 1 - 1952

Huntington Williams, M.D.

HENRY SANDER & SONS, INC.

BALTO., 13, MD.

VS 150

Ag Duckworth

1970 50

RECEIVED 50

1970 50



530
52 9035BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9035

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>George Kennedy</u>			2. DATE OF DEATH <u>Sept 28, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>2616 Lauretta Ave</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>BALTO</u> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto Md 20-00</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>2616 Lauretta Ave</u>			D. STREET ADDRESS (If rural, give location) <u>2616 Lauretta Ave</u>		
c. Length of stay in Baltimore Yrs. Mos. Days					
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>65</u>	9. AGE (In years last birthday) <u>65</u>	10. Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			11. BIRTHPLACE (State or foreign country) <u>va</u>		
10B. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>			12. CITIZEN OF WHAT COUNTRY? <u>va</u>		
13. FATHER'S NAME <u>Isaac Kennedy</u>			14. MOTHER'S MAIDEN NAME <u>Frances Jones</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>George E Kennedy</u>			ADDRESS <u>2616 Lauretta Ave</u>		

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Myocardial Degeneration
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis
DUE TO
(C)6 mosII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20, 1952, to 9-28, 1952, that I last saw the deceased alive on 9-18, 1952, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Isaac L Brown

M. D.

23B. ADDRESS

558 McManis St.

23C. DATE SIGNED

9/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

BurialOct 2 1952

24C. NAME OF CEMETERY OR CREMATORY

Not Auburn Cem

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 1 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Isaac L Brown Son

ADDRESS

108W Montg omery St

CERTIFICATE CORRECTED 10-7-52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9036

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Hester Smith

2. DATE
OF
DEATH

10-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED, WIDOWED DIVORCED (Specify)

WIDOWED

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md.*

B. COUNTY *Balto.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Millers-

5300

D. STREET ADDRESS (If rural, give location)

Hoffmanville.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own home

13. FATHER'S NAME

William Warcham

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Amanda Everhart.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Elvin Marshall, Millers Md.

18. *585x and 260x*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) *Ventricular Fibrillation*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *E. Coli Septicemia*
DUE TO *Cholangitis or Cholecystitis*

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept 29*, 19*52*, to *Oct. 1*, 19*52*, that I last saw the deceased alive on *Oct. 1*, 19*52*, and that death occurred at *6:30 A. M.*, from the causes and on the date stated above.

23A. SIGNATURE

Richard C. Packert

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 4 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Cem.

24D. LOCATION (City, town, or county)

Millers, Balto. Co., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 1 - 1952

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

St. Jacob Mortuary, New Freedom, Pa.

ADDRESS

52 9037

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9037

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Henry Herman Quick		2. DATE OF DEATH September 29-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 4. H. Abington Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY Baltimore Ind. 20-06	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 4 H. Abington Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 12-1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar tender		9. AGE (In years last birthday) 66	
10B. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (State or foreign country) Ind.	
13. FATHER'S NAME William Quick		12. CITIZEN OF WHAT COUNTRY? U.S.A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 215-01-2553	
17. INFORMANT Mrs. Bertie S. Quick		ADDRESS 4 H. Abington Ave	

18. **153X**
I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CARCINOMA OF INTESTINES
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 1 YEAR AGO		19B. MAJOR FINDINGS OF OPERATION AS ABOVE		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9/3**, 19**52**, to **9/29**, 19**52**, that I last saw the deceased alive on **9/29**, 19**52**, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE **David J. Shanahan** V.D. **1945 W. Balto St.** 23B. ADDRESS **10/1/52** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Oct 2-1952** 24C. NAME OF CEMETERY OR CREMATORY **Jesuuaalon** 24D. LOCATION (City, town, or county) (State) **Balto. Ind.**

DATE RECEIVED BY LOCAL REGISTRAR **OCT 2-1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **George L. Schwab** ADDRESS **2101 Bell Ave**

THE JOURNAL OF THE
SOCIETY OF THE HISTORY OF THE
CITY OF NEW YORK

THE JOURNAL OF THE
SOCIETY OF THE HISTORY OF THE
CITY OF NEW YORK
PUBLISHED BY THE SOCIETY
OF THE HISTORY OF THE
CITY OF NEW YORK
NEW YORK
1788

W. HARTON

52 9038

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 9038

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Wharton

2. DATE
OF
DEATH

September 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-02

D. STREET ADDRESS (If rural, give location)

1619 Mc Cullough St.

c. Length of stay in Baltimore

years

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

10-18-00

9. AGE (In years
last birthday)

51

10. Under 1 Year
Months: Days:11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

gen.

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Wharton Sr.

14. MOTHER'S MAIDEN NAME

? Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of Stomach

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-26, 1952, to 9-29, 1952, that I last saw the
deceased alive on 9-29, 1952, and that death occurred at 5 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Pierce J. Thum

JOHNS HOPKINS HOSPITAL

9-30-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)?

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 2 - 1952

Huntington Williams, M.D. 918-Grand-Place Ave.

VS 150

92099

MEDICAL CERTIFICATION

8-30

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR

1918

THIS IS TO CERTIFY that on the _____ day of _____ 1918, at _____, I, _____, Registrar of the Bureau of Vital Statistics, have received from _____, _____, the following information:

NAME OF DECEASED _____
AGE _____
SEX _____
RACE _____
BIRTH DATE _____
BIRTH PLACE _____
MARRIAGE DATE _____
MARRIAGE PLACE _____
OCCUPATION _____
CAUSE OF DEATH _____
PLACE OF DEATH _____
DATE OF DEATH _____
TIME OF DEATH _____
SIGNATURE OF REGISTRAR _____
OFFICE OF THE REGISTRAR _____

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Department of Health, at _____, this _____ day of _____, 1918.

REGISTRAR

CLERK

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Ellen Butler</i>		2. DATE OF DEATH <i>Sept. 30, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2622 Flora St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-03</i>	
C. Length of stay in Baltimore _____ Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>2622 Flora St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>May 6, 1885</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (In years last birthday) <i>67</i>
13. FATHER'S NAME <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____	
		17. INFORMANT <i>Mrs. Anita Forbes</i> <i>1215 St. Matthews St.</i>	

18. <i>156.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Multiple Myeloma</i> DUE TO (B) <i>Hypertension</i> DUE TO (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
--	--

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *1949* to *Sept*, 19*52*, that I last saw the deceased alive on *9/30*, 19*52*, and that death occurred at *6:00* p.m., from the causes and on the date stated above.

23A. SIGNATURE <i>E. Butler</i>		23B. ADDRESS <i>2622 Flora St.</i>		23C. DATE SIGNED <i>10/1/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 4, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Peter's</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		25. FUNERAL DIRECTOR <i>Walsh & Son</i> <i>1631 David Hill Ave.</i>			

DATE RECEIVED BY LOCAL REGISTRAR
Oct 2 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

15

645
052 9040BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9040

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ESTHER BERLIN (PARIS)

2. DATE
OF
DEATH

10/1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

SIAM Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-18

D. STREET ADDRESS (If rural, give location)

3527 OAKMONT AVE

Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Wh

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

??

9. AGE (in years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Morris Blank

14. MOTHER'S MAIDEN NAME

Henda Bla

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Kalman Berlin - Same

18. 443x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CORONARY Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIOsclerosis

DUE TO

(C) HYPERTENSIVE Cardiovascular
Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1952, to 10/1, 1952, that I last saw the
deceased alive on 10/1, 1952, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 2 - 1952

VS 150

Huntington Williams, M.D. Jack Lewis, 2100 Canton Rd

0520009035

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163

MLB 153030

52 9041

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9041
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Gino Giuffordia (Guiffreda)-Louis Guiffreda			2. DATE OF DEATH Sept. 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-05		
C. Length of stay in Baltimore 41 years			D. STREET ADDRESS (If rural, give location) 7019 Harford Road 14		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 10, 1882		9. AGE (in years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Andrew			14. MOTHER'S MAIDEN NAME CARMELLA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Records, B.C.H. 4940 Eastern Ave.		

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of colon		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-12-**, 19**51**, to **9-29**, 19**52**, that I last saw the deceased alive on **9-29-**, 19**52**, and that death occurred at **9:20 AM** from the causes and on the date stated above.

23A. SIGNATURE Huntington Williams, M.D.		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 9-29-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/2/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
		24D. LOCATION (City, town, or county) (State) BALTO Md			

DATE RECEIVED BY LOCAL REGISTRAR OCT 2 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR L. J. Ruck	
				ADDRESS 5305 Harford Rd.	

VS 150

59845

MEDICAL CERTIFICATION

Sup. orig. lost

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1940

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RECEIVED

450

52 9042

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9042
Registered No.

1. NAME OF DECEASED (Type or Print) GILLIN, HESTER ELEANOR		2. DATE OF DEATH 10-1-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY BALTO	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2279 Park Hill Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO	
D. STREET ADDRESS (If rural, give location) 2279 PARK HILL		5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH OCT. 8, 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME CHARLES D. HAGER		14. MOTHER'S MAIDEN NAME MARY ELLEN HITCHCOCK	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT Philip Gillin, 15 W. BARRE ST		18. ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) Hypertensive Cardiovascular Disease		
DUE TO (B) _____		
DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-1, 1952 , to 10-1, 1952 , that I last saw the deceased alive on 10-1, 1952 , and that death occurred at 2 P m., from the causes and on the date stated above.					
23A. SIGNATURE Jerome Gaber		23B. ADDRESS 1104 E. Coldspring Lane		23C. DATE SIGNED 10-1-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE OCT. 4, 1952		24C. NAME OF CEMETERY OR CREMATORY LOU DON PARK		24D. LOCATION (City, town, or county) (State) FREDERICK AVE MD.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 2 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Melmed J. Bleight		ADDRESS 6009 Harford Rd	

VS 150

9520209034

MEDICAL CERTIFICATION

5100 80

17410 1012 1011 17

5100-80

5100 80

52 9043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9043

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER Kelly LEIGH

2. DATE
OF
DEATH September 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1942 Ridgehill Avenue

Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1-20-1897

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Shirt Maker

10B. KIND OF BUSINESS OR
INDUSTRY

Phoenix Shirt Factory Balto. Md.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Leigh

14. MOTHER'S MAIDEN NAME

Katherine R. Mertz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Marie K. White 1942 Ridgehill Ave

18. 353.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Epilepsy

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....☐

Oct. 1, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct. 3, 1952

Loudon Park Cemetery

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 2 - 1952

Huntington Williams, M.D.

Marie Cook Syfer

VS 151

Huntington Williams, M.D.

1600 West North Ave.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1008 52

1008 52



240
52 9044PICKEL
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9044
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lattie Pickel

2. DATE
OF
DEATH

Oct. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore Gen.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

MARYLAND

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

DUNDALK

D. STREET ADDRESS (If rural, give location)

6655 DUNBAR ROAD

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

FEMALE

WHITE

MARRIED

JULY 27, 1885

67 yrs.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

PENNA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN H. CLARK

14. MOTHER'S MAIDEN NAME

MARY A. SEVILLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 6643

NO

MRS. CHAS ROYSTON

DUNBAR

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

Cerebral Hemorrhage
Hypertension Cardiovas-
cular disease.

(B)

DUE TO

Atherosclerotic heart
Disease.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 18th, 1952 to Oct. 1, 1952 that I last saw the
deceased alive on Oct 18th, 1952 and that death occurred at 5:20 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

W.M. Conway

M. D.

South Baltimore Hosp

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 2112

OCT 2 - 1952

Huntington Williams, M.D.

ULLRICH FUNERAL HOME

DUNDALK AV.

1403

5

1403

5



240
52 9045BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 9045

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna E. Kissel

2. DATE
OF
DEATH

Sep. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Johns Hopkins Hospital

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission)
A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Fort Seward 5300D. STREET ADDRESS (If rural, give location)
Veterans Hospital

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6-14-1903

9. AGE (In years,

last birthday)

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

IOWA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Gray Hamilton

14. MOTHER'S MAIDEN NAME

Margaret Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 154X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CANCER, RECTUM, ADVANCED

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

18 MONTHS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Aug 23, 1952

19B. MAJOR FINDINGS OF OPERATION

ADVANCED CANCER

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22, 1952, to 9/30, 1952, that I last saw the deceased alive on 9/30, 1952, and that death occurred at 6:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

William

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

24B. DATE

OCT 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

LODGE PARK

24D. LOCATION (City, town, or county)

BALTIMORE MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

2112 DUNDACK AVE

VS 150

520009040

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

TO : DIRECTOR, FBI
FROM : SAC, NEW YORK
SUBJECT: [Illegible]
RE: [Illegible]

DATE: 10/1/54

THIS IS TO ADVISE YOU THAT THE
[Illegible]

PLEASE ADVISE THE BUREAU

YOUR OFFICE IS REQUESTING THE
[Illegible]

YOUR OFFICE IS REQUESTING THE

363
52 9046BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9046

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ruth Stroud

2. DATE
OF
DEATH

OCT 1- 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

28-04

D. STREET ADDRESS (If rural, give location)

4616 Pokeby Rd

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 584X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) ...

DUE TO

(B) ...

DUE TO

(C) ...

CAUSE OF DEATH

Anthraxis of Liver

Biliary Obstruction

Salt stones

INTERVAL BETWEEN ONSET AND DEATH

3 yrs

3 yrs

?

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9-17-52

19B. MAJOR FINDINGS OF OPERATION

Biliary Anthrax

20. AUTOPSY?

YES ☒ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3-1952 to 10-1-1952 that I last saw the deceased alive on 10-1-1952 and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 2- 1952

Huntington Williams, M.D.

Ullrich Funeral Home 2000 Orleans

VS 150

520009041

OFFICE OF THE
DIRECTOR

RECEIVED

Richard J. ...
...

...

...

...

...

52 9047

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9047

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Madeline Pingley

2. DATE
OF
DEATH

9/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Dundalk

5353

D. STREET ADDRESS (If rural, give location)

30 Broadship Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Sept 5, 1904

9. AGE (In years
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Geo. Williams

14. MOTHER'S MAIDEN NAME

Don't know

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Laine R. Pingley 30 Broadship

18. 521X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Post-operative sepsis
following exploratory thoracotomy
for lung abscess rt. upper lobeII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Shocks, semi-cardiac arrest at operation

19A. DATE OF OPERATION

9/29/52

19B. MAJOR FINDINGS OF OPERATION

Lung Abscess Rt. upper lobe

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1952, to 9/29, 1952, that I last saw the
deceased alive on 9/29, 1952, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

David S. R. Tardiff M.D.

23B. ADDRESS

Univ. Hospital

23C. DATE SIGNED

9/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

OCT 2, 1952

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county)

COLGATE MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

OCT 2, 1952

MULLRICH FUNERAL HOME

DUNDALK AV

VS 150

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1917

57

100

NAME OF DECEASED _____
AGE _____ SEX _____
DATE OF DEATH _____
PLACE OF DEATH _____

CAUSE OF DEATH _____
MANNER OF DEATH _____
PLACE OF BIRTH _____
OCCUPATION _____

EDUCATION _____
RELIGION _____
MARRIAGE _____
PREVIOUS ILLNESS _____

DATE OF BIRTH _____
PLACE OF BIRTH _____
OCCUPATION _____
EDUCATION _____

RELIGION _____
MARRIAGE _____
PREVIOUS ILLNESS _____
DATE OF BIRTH _____

PLACE OF BIRTH _____
OCCUPATION _____
EDUCATION _____
RELIGION _____

MARRIAGE _____
PREVIOUS ILLNESS _____
DATE OF BIRTH _____
PLACE OF BIRTH _____

OCCUPATION _____
EDUCATION _____
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MARRIAGE _____

PREVIOUS ILLNESS _____
DATE OF BIRTH _____
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EDUCATION _____
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PREVIOUS ILLNESS _____

DATE OF BIRTH _____
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EDUCATION _____

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PREVIOUS ILLNESS _____
DATE OF BIRTH _____

PLACE OF BIRTH _____
OCCUPATION _____
EDUCATION _____
RELIGION _____

MARRIAGE _____
PREVIOUS ILLNESS _____
DATE OF BIRTH _____
PLACE OF BIRTH _____

OCCUPATION _____
EDUCATION _____
RELIGION _____
MARRIAGE _____

PREVIOUS ILLNESS _____
DATE OF BIRTH _____
PLACE OF BIRTH _____
OCCUPATION _____

660
52 9048BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9048

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James H. Burrier

2. DATE

OF
DEATH

September 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

5617 Greenspring Avenue

C. CITY OR TOWN

Baltimore

27-15

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5617 Greenspring Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Feb. 17, 1870

9. AGE (In years

last birthday)

82

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist Retired 6 yrs. Cont. Can Co.

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

William H. Burrier

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U S A

14. MOTHER'S MAIDEN NAME

Harriett -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
218-10-0312

17. INFORMANT

ADDRESS

Lawrence D. Burrier 5617 Greenspring Ave.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1951, to Sept 30, 1952 that I last saw the deceased alive on Sept. 24, 1952, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, M.D.

Burgee Funeral Home

3631 Falls Road

Horace F. Burgee

2219 South Street No 4577

52 9049

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9049

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elmer Johnson

2. DATE
OF
DEATH

9.30.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONMaryland State Penitentiary
Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

20-02

D. STREET ADDRESS (If rural, give location)

2745 Edmonson Avenue

C. Length of stay in Baltimore

Since Feb 1926

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

April 10 '92

9. AGE (In years
last birthday)

60

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Moulder

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Alexander Johnson

14. MOTHER'S MAIDEN NAME

Ella Calvert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

Deceased

ADDRESS



18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

3 month

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from July 5, 1952, to Sept 30, 1952, that I last saw the
deceased alive on Sept 29, 1952, and that death occurred at 5.00 pm., from the causes and on the date stated above.

23A. SIGNATURE

Henry W. D. Hollies

M. D.

Physician in Charge

Maryland Penitentiary

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/2/52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

24D. LOCATION (City, town, or county) (State)

Anne Arundel County, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc.

1217 St. Paul Street

VS 150

69088
19520009044

MEDICAL CERTIFICATION

correct age is especially important

1949

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CERTIFICATE OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9050
Registered No. _____

52 9050
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Daisy Louise Ross			2. DATE OF DEATH Sept. 28, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 614 North Bethel Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 614 North Bethel Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April. 1, 1894	9. AGE (In years last birthday) 58	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A			13. FATHER'S NAME Unknown		
14. MOTHER'S MAIDEN NAME Louise Ross			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. _____			17. INFORMANT ADDRESS Calvin T. Ross 614 N. Bethel St		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 24 hours	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ DUE TO Extreme Hypertension				3-4 complete yrs	
(B) _____ DUE TO Arterio Sclerosis				3-4 yrs	
(C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arterio Insufficiency. Chronic Pulmonary Fibrosis				3-4 yrs	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION Arterio Insufficiency. Chronic Pulmonary Fibrosis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan , 1952, to Sept 28 , 1952; that I last saw the deceased alive on Sept 28 , 1952, and that death occurred at 11:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Ralph J. Young		23B. ADDRESS 1532 E. Monument St		23C. DATE SIGNED 10/1/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/2/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md.		24E. FUNERAL DIRECTOR Elwyno. Wilson		24F. ADDRESS 1000 Bunting Ave	

0700

CERTIFICATE OF DEATH
HAWAIIAN CITY - TOWN OF HAWAII

0800

Name of Deceased		Date of Death	
Sex		Age	
Place of Birth		Usual Residence	
Cause of Death		Manner of Death	
Physician's Signature		Medical Examiner's Signature	
Date of Certificate		Place of Death	
Registrar's Signature		Registrar's Office	

52 9051

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9051
Registered No.

1. NAME OF DECEASED (Type or Print) James Marcell Marviel Murchison			2. DATE OF DEATH Sept. 28, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2440 Guilford Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 2440 Guilford Avenue			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 14, 1951		9. AGE (in years last birthday) 11 14
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY None		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Edward Murchison			14. MOTHER'S MAIDEN NAME Laura Watson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT James E. Murchison			ADDRESS 2440 Guilford Ave		

18. 046.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Dysentery		CAUSE OF DEATH Acute Dysentery	INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		DUE TO	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 26, 1952 to Sept. 28, 1952 that I last saw the deceased alive on Sept. 26, 1952 and that death occurred at 7 m., from the causes and on the date stated above.					
23A. SIGNATURE Roy Johnson		23B. ADDRESS 301-E-2254		23C. DATE SIGNED Oct 2-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/3/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md		24E. FUNERAL DIRECTOR Elroy Wilson		24F. ADDRESS 1100 Bridge Ave	

1001

1001

THE STATE OF NEW YORK

CERTIFICATE OF DEATH

IN SENATE

January 1, 1901

Attest:

Secretary of State

Albany, N. Y.

1901

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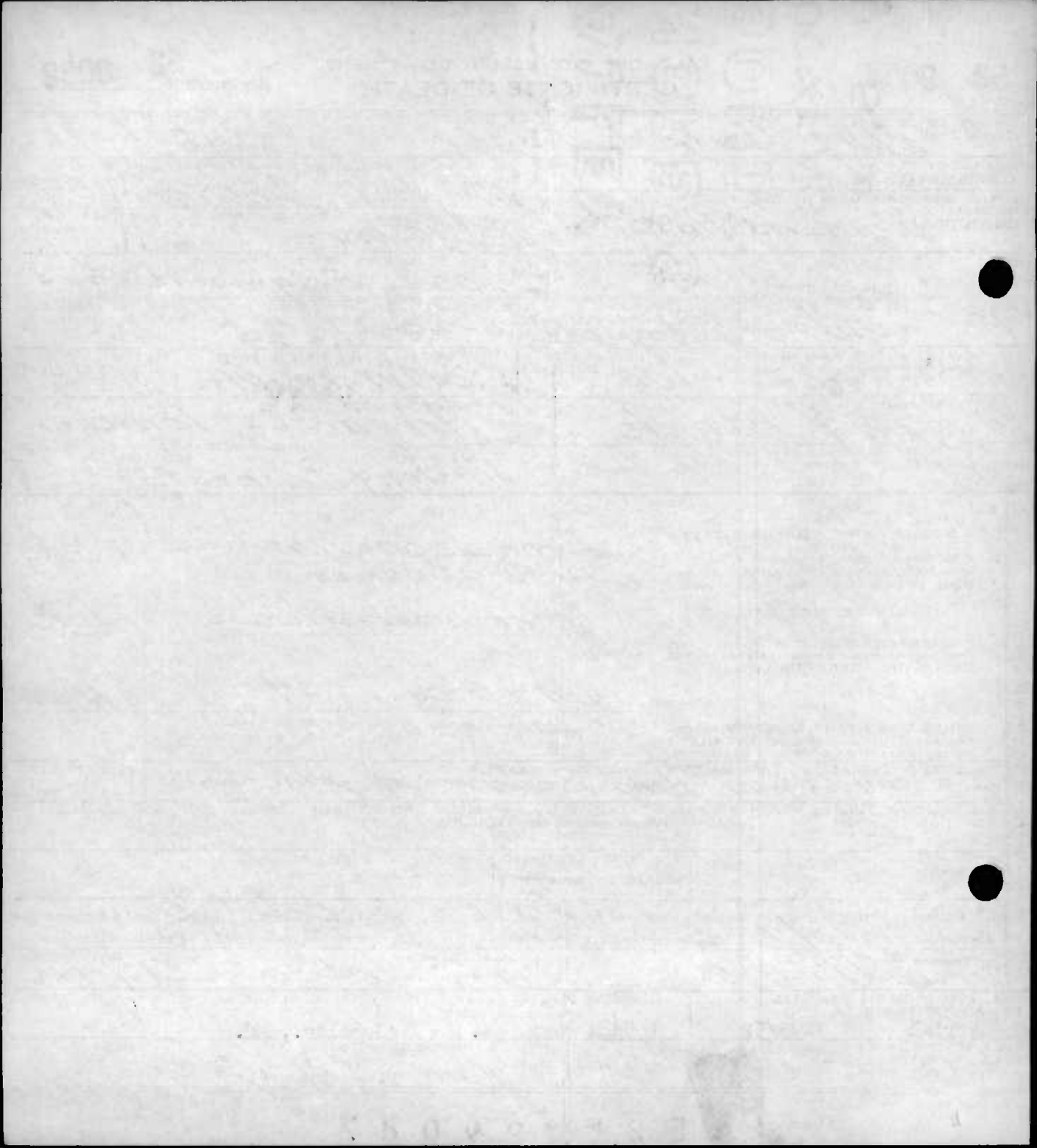
1001

513
52 9052BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9052

1. NAME OF DECEASED (Type or Print) <i>Mary Gertrude Ranft</i>		2. DATE OF DEATH <i>Oct 1, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore City</i> C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) <i>4052 Edgewood Road</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Womens Hospital</i>		5. LENGTH OF STAY IN BALTIMORE <i>65</i> Yrs. <input checked="" type="checkbox"/> Mths. <input type="checkbox"/> Days	
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>2-20-87</i>
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Housekeeper</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>club</i>	9. AGE (In years last birthday) <i>65</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, MD</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>William V. Daniels</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Jamieson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mrs. Mary Barnes 4052 Edgewood Rd.</i>
18. <i>157x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Bronchopneumonia with abscess</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinomatosis</i> DUE TO <i>Carcinoma of pancreas</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <i>2 wks</i> <i>6 wks.</i> <i>6 mos</i>	
19A. DATE OF OPERATION <i>4-5, 5-14, 6-19-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Pancreatic carcinoma of pancreas</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 5, 1952</i> to <i>Oct 1, 1952</i> , that I last saw the deceased alive on <i>10/1, 1952</i> and that death occurred at <i>5:30 AM.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>W. H. W.</i>		23B. ADDRESS <i>104 W. Madison St.</i>	
23C. DATE SIGNED <i>19/1/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/3/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 2-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
VS 150		25. FUNERAL DIRECTOR <i>Wm. J. Pickner & Sons</i>	
		ADDRESS <i>Balto 17 Md.</i>	

1952008X9017



620.
52 9053BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9053
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>(First Friedrich) Friedrich F. E. Dorsch</i>	
2. DATE OF DEATH <i>Oct 1, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto</i>	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>4109 Morrison St.</i>	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
D. STREET ADDRESS (If rural, give location) <i>4109 Morrison Blvd</i>	
c. Length of stay in Baltimore <i>34 yrs</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 25, 1893</i>
9. AGE (In years last birthday) <i>59</i>	10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY? <i>Finland</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>General Construction</i>
13. FATHER'S NAME <i>Arthur Dorsch</i>	
14. MOTHER'S MAIDEN NAME <i>Eileen</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS <i>Ellen B Dorsch 4109 Morrison Blvd</i>	
18. <i>162X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Bronchogenic carcinoma</i> CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 yrs</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
21. DATE OF OPERATION <i>0</i>	
22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
24. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
27. TIME (Month) (Day) (Year) (Hour) INJURY	
28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. HOW DID INJURY OCCUR?	
30. I hereby certify that I attended the deceased from <i>Aug 1</i> , 1948, to <i>Sept 30</i> , 1952, that I last saw the deceased alive on <i>Sept 30</i> , 1952, and that death occurred at <i>1045 a.m.</i> , from the causes and on the date stated above.	
31. SIGNATURE <i>Sidney R. Schler</i>	
32. ADDRESS <i>4700 Pennmar Tr. Ave.</i>	
33. DATE SIGNED <i>10/1/52</i>	
34. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
35. DATE <i>Oct 4, 1952</i>	
36. NAME OF CEMETERY OR CREMATORY <i>Bedar Hill</i>	
37. LOCATION (City, town, or county) (State) <i>A. A. Co Md</i>	
38. DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 2 - 1952</i>	
39. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
40. FUNERAL DIRECTOR ADDRESS <i>G. Howard & Sons 1400 S. Broad</i>	

MEDICAL CERTIFICATION

VS 150

52 9053 9040

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WILLIAMSON COUNTY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1900

2110

52 9054

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9054
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank Bortner

2. DATE
OF
DEATH

10-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

112 S. East Avenue, #24

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

Yrs.
Mos.
Days

Length of stay in Baltimore

65 years

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unemployed B.T.O.R.A. RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

EDWARD BORTNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

HOSPITAL RECORDS

1B. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary infarction, due to embolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic heart disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1-52, 19__, to 10-1-52, 19__, that I last saw the deceased alive on 10-1-52, 19__, and that death occurred at 7:45 PM from the causes and on the date stated above.

23A. SIGNATURE

Charles F. Hoffmann

M. D.

23B. ADDRESS

1400 N. Caroline St. #13

23C. DATE SIGNED

10-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

10/4/52

24C. NAME OF CEMETERY OR CREMATORY

OAKLAWN CEMT. BALTO. CO.

24D. LOCATION (City, town, or county)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Clarence F. Hoffmann 1639 BROAD-

1070

1070

CERTIFICATE OF DEATH

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M-240
52 9055BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9055
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Laura V. Misal

2. DATE
OF
DEATH

Sept. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 825 N. Lyndhurst St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

821 Kevin Road

28-04.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 24, 1878

9. AGE (in years last birthday)

73

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George McFadden

14. MOTHER'S MAIDEN NAME

Laura G. Lambright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
--17. INFORMANT ADDRESS
Mrs. Elizabeth V. Gress 825 N. Lyndhurst St.

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis

4 days

DUE TO

Cerebral Arteriosclerosis

? years

ANTECEDENT CAUSES

(B)

Generalized Arteriosclerosis

? years

CUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 16, 1950, to 9/30, 1952, that I last saw the deceased alive on 9/30, 1952, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10-3-1952

Western

Baltimore,

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

2-1952

Huntington Williams, M.D.

G. Howard Strong 3207 W. North Ave.,

Dr. L. Ashman
1201 Poplar St.

F-500
52 9056BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9056
Registered No.

BIRTH NO. 51-25649

1. NAME OF DECEASED
(Type or Print)

DONNA FEENEY

2. DATE
OF
DEATH

1 OCTOBER 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL
BALT. 1, MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

5200

D. STREET ADDRESS (If rural, give location)

712 OVERBROOK RD

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days Hours: Min.

11

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

DANIEL N. FEENEY

14. MOTHER'S MAIDEN NAME

CELESTE HENNEGAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MR. DANIEL FEENEY - 712 OVERBROOK RD

18. 758.6

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARDIAC ARREST

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Atherosclerosis

DUE TO

(C)

11 mo

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1 OCT. 1952

19B. MAJOR FINDINGS OF OPERATION

Atherosclerosis

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Oct, 1952, to 1 Oct, 1952, that I last saw the deceased alive on 1 Oct, 1952, and that death occurred at 12:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Harriet

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

1 Oct. 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-3-52

24C. NAME OF CEMETERY OR CREMATORY

Secret Rest

24D. LOCATION (City, town, or county) (State)

Balt. Co.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Hawthorne & Sons
Baltimore, Md.

CT 2-1952

VS 150

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9057
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PHILLIP

STRICKER

2. DATE
OF
DEATH

October 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

11 Chesley Avenue

Length of stay in Baltimore

29 - Yrs.
Mos.
Days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

B. DATE OF BIRTH

Aug 22 - 1883

9. AGE (In years
last birthday)

69

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Baker

10B. KIND OF BUSINESS OR INDUSTRY

Schub Bros Bakeries

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Phillip Stricker

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

218-07-2148

17. INFORMANT

ADDRESS

Mrs Philip Stricker 11 Chesley Ave

18. E 976X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gunshot wound of head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., lo or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)

11 Chesley Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Oct. 1, 1952 8:00 A. M.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Autopsy thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Brown

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

Oct. 1, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

2-1952

Huntington Williams H.D.

Lassahn Funeral Home 7401 Belair Rd

VS 151

N 803, 40

500 44

1937

1937



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

52 9058
D-530

52 9058

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Alvin R. Dent

2. DATE
OF
DEATH

1-Oct-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *2637 Asquith St.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

2637 Asquith St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

9-07

D. STREET ADDRESS (If rural, give location)

2637 Asquith St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 31st 1883

9. AGE (In years last birthday)

69

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrical Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Balto. City Empl.

11. BIRTHPLACE (State or foreign country)

Balto. City Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Benjamin Dent

14. MOTHER'S MAIDEN NAME

Amanda Shanklin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. A. R. Dent

ADDRESS

2637 Asquith St.

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary Thrombosis*

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerotic Cardiovascular Disease with Hypertension*

15 Jan 1945

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *15 Jan 1945* to *1-Oct 1952*, that I last saw the deceased alive on *1-Oct 1952*, and that death occurred at *2 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Charles E. Edmunds

23B. ADDRESS

2746 The Alameda

23C. DATE SIGNED

2-Oct-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/4/52

24C. NAME OF CEMETERY OR CREMATORY

Parthwood

24D. LOCATION (City, town, or county)

Balto.

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Stasahn Funeral Home

ADDRESS

742 Blair Rd.

1952

VS 150

044 93

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

STATE OF NEW YORK

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Time of death		6. Place of death		7. Cause of death		8. Manner of death		9. Signature of physician		10. Signature of registrar		11. Signature of witness		12. Signature of coroner	
John Doe		Male		45		1908		10:00 AM		New York City		Heart Disease		Natural		[Signature]		[Signature]		[Signature]		[Signature]	
13. Name of informant		14. Relationship		15. Residence		16. Occupation		17. Education		18. Marital status		19. Previous illness		20. Last illness		21. Death certificate		22. Burial certificate		23. Cremation certificate		24. Other	
Jane Doe		Wife		New York City		Teacher		High School		Married		None		Heart Disease		[Signature]		[Signature]		[Signature]		[Signature]	

52 9059

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9059
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minnie Broessel

2. DATE
OF
DEATH

Sept. 30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OF (If in institution, give name of institution)
INSTITUTIONGeneral German Aged Peoples
Home, 22 S. Athol Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

22 S. Athol Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 5, 1868

9. AGE (In years
last birthday)

84

10. Under 1 Year
Months: Days11. Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Justus Broessel

14. MOTHER'S MAIDEN NAME

Louise List

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sr. Fredericka, 22 S. Athol Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cardio - Respiratory failure
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic Cardiovascular
DUE TO(C) disease, generalized, severe
DUE TOOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Langue left arm due to above 5 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1952 to 30 Sept, 1952, that I last saw the
deceased alive on 30 Sept, 1952, and that death occurred at 9:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct. 3/52

Western Cemetery

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 3 1952

Huntington Williams, M.D. Harry A. Witzke

4101 Edmondson Ave

VS 150

52 9059

212

52 9060

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9060

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Ernest E. Johnson*2. DATE
OF
DEATH*Oct. 1, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Ind.

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Me. General Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore**13-08*

D. STREET ADDRESS (If rural, give location)

1207 W. 40th St.

Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tool crib attendant

10B. KIND OF BUSINESS OR INDUSTRY

Eastern Penitentiary

13. FATHER'S NAME

Walter Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

May 26, 1894

9. AGE (In years last birthday)

58

H Under 1 Year Months: Days

H Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

American

14. MOTHER'S MAIDEN NAME

Sarah Benson

17. INFORMANT

ADDRESS

*Barmon L. Johnson - 1207 W 40th St*18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

A.C.V.D. - cardiac decompensation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Myocardial infarction

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-19-52*, 19*52*, to *10-1-*, 19*52*, that I last saw the deceased alive on *Oct. 1, 1952*, and that death occurred at *7:45 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Oct 3 - 1952**Huntington Williams, Jr.**Justin E. Sororan - 3818 Roland Ave.*

1 380238 009055

Q 100 57

UNITED STATES DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C.

OFFICE OF THE CHIEF OF BUREAU OF PLANT INDUSTRY

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OFFICE OF THE CHIEF OF BUREAU OF PLANT INDUSTRY

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WASHINGTON, D. C.

U S D A

1016
AB-163675

52 9061

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9061

Registered No. _____

1. NAME OF DECEASED (Type or Print) John Charles Trabert		2. DATE OF DEATH 10-2-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-03	
C. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (if rural, give location) 11 N. Duncan St. zone 31	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 7-1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Recovering artist		10B. KIND OF BUSINESS OR INDUSTRY Dry Goods	9. AGE (In years last birthday) 60
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Albert Trabert		14. MOTHER'S MAIDEN NAME Anna	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. 212-07-8638	
17. INFORMANT Baltimore City Hospitals		ADDRESS 4940 Eastern Ave.	
18. 434.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Lung Disease (A) _____ DUE TO _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Senile Emphysema (B) _____ DUE TO _____ Probable cor pulmonale with congestive heart failure (C) _____		INTERVAL BETWEEN ONSET AND DEATH Unknown Unknown Unknown	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY m. _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-1- , 19 52 , to 10-2- , 19 52 that I last saw the deceased alive on 10-2- , 19 52 , and that death occurred at 5.30AM , from the causes and on the date stated above.			
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	
23C. DATE SIGNED 10-2-1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE Oct 6/52	
24C. NAME OF CEMETERY OR CREMATORY Baltimore		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR OCT 3 - 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Philip [Signature]		ADDRESS 2824 [Signature]	

DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
STATE OF NEW YORK

1901

1901-1-1

1901-1-1

1901-1-1

1901-1-1

1901-1-1

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1901-1-1

1901-1-1

52 9052

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9052
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Griffin Miller

2. DATE
OF
DEATH

Sept 28, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2034 Madison Ave.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

14-03

d. STREET ADDRESS (If rural, give location)

2034 Madison Ave.

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Cot.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 13, 1908

9. AGE (In years
last birthday)

44

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Butler

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Queenstown Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Miller

14. MOTHER'S MAIDEN NAME

Lillie Godson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Rosale Miller Mar. Ave.

ADDRESS 2034

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pulmonary tuberculosis

INTERVAL BETWEEN
ONSET AND DEATH

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-13-1952 to 9-28-1952, that I last saw the
deceased alive on 9-22-1952 and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE

George W. Adams

M. D.

23b. ADDRESS

2827 W. North Ave. Bal.

23c. DATE SIGNED

9-30-52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

10/3/1952

24c. NAME OF CEMETERY OR CREMATORY

Cinterville Md.

24d. LOCATION (City, town, or county) (State)

Cinterville Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schuylkill St.

9008

88

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1914

<p>NAME OF DECEASED</p> <p><i>William J. Smith</i></p>		<p>DATE OF DEATH</p> <p><i>Jan 15 1914</i></p>	
<p>AGE</p> <p><i>45</i></p>		<p>SEX</p> <p><i>Male</i></p>	
<p>PLACE OF BIRTH</p> <p><i>New York City</i></p>		<p>RESIDENCE</p> <p><i>123 Main St, New York City</i></p>	
<p>CAUSE OF DEATH</p> <p><i>Heart Disease</i></p>		<p>IMMEDIATE CAUSE</p> <p><i>Myocardial Infarction</i></p>	
<p>PREVAILING DISEASE</p> <p><i>Coronary Artery Disease</i></p>		<p>PERMANENT CAUSE</p> <p><i>Arteriosclerosis</i></p>	
<p>DATE OF EXAMINATION</p> <p><i>Jan 16 1914</i></p>		<p>PLACE OF EXAMINATION</p> <p><i>Home</i></p>	
<p>SIGNATURE OF PHYSICIAN</p> <p><i>Dr. J. H. Jones</i></p>		<p>SIGNATURE OF REGISTRAR</p> <p><i>John D. Smith</i></p>	
<p>DATE OF REGISTRATION</p> <p><i>Jan 16 1914</i></p>		<p>PLACE OF REGISTRATION</p> <p><i>City Office</i></p>	

512
52 9063BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9063
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mabel L. Simpson

2. DATE
OF
DEATH

Oct. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

834 N. Bond St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-05

6. Length of stay in Baltimore 20 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

834 N. Bond St.

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 6, 1915

9. AGE (in years last birthday)

37

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Bray Richards

14. MOTHER'S MAIDEN NAME

Bettie Medley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Thomas Simpson

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pneumonia

2 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)Metastatic Carcinoma Lung
Carcinoma Breast (left)

3 wks

10 mos

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

Nov 1951

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Breast

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Nov 6, 1951, to Oct 1, 1952, that I last saw the deceased alive on Sep 29, 1952, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Ralph J. Young

M. D.

23B. ADDRESS

1532 E. Monument St

23C. DATE SIGNED

10/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Oct 4/52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Farmville Va

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs Robert A. Elliott & Daughter

1129 N. Caroline St

VS 150

1893

1893

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1893

651

CERTIFICATE CORRECTED 10/14/52 ES

52 9064

BALTIMORE CITY HEALTH DEPARTMENT

52 9064

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMIE V. DRANBAUER

2. DATE
OF
DEATH

October 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

Md.

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION location)

604 W. 34th St.

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

13-06

D. STREET ADDRESS (If rural, give location)

604 W. 34th St.

6. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

Dec 12, 1908

9. AGE (In years, last birthday)

43

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Vernon L. Dranbauer 604 W. 34th St.

18. 170X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Carcinoma of breast, spine, 2 yrs.
DUE TO Left hip, left arm and abdomen.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of the breast, primary
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary edema

2 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 4/1, 1952, to 10/2, 1952, that I last saw the deceased alive on 10/1, 1952, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 3-1952

VS 150

52020

Query reply in Document File 3526906 *Hermonmont Ave*

MELLETTTE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Almeta Mellette</u>			2. DATE OF DEATH <u>10/1/52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>BALTIMORE</u> B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hosp</u> (If not in hospital or institution, give street address or location)			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY _____ C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u> D. STREET ADDRESS (If rural, give location) <u>912 N. Mount St.</u>		
5. SEX <u>F</u>			6. COLOR OR RACE <u>C</u>		
7. SINGLE <u>MARRIED</u> WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH <u>5-6-1923</u>		
9. LENGTH OF STAY IN BALTIMORE <u>10</u>			9. AGE (In years last birthday) <u>29</u> If Under 1 Year: Months <u>4</u> Days <u>24</u> If Under 24 Hours: Hours _____ Min. _____		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maids</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>		
11. BIRTHPLACE (State or foreign country) _____			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME <u>HUDSON HART. S.C.</u>			14. MOTHER'S MAIDEN NAME <u>MAE JIE ROBINSON. S. C.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <u>BERNIE MELLETTTE</u>			18. ADDRESS <u>912 N. Mount St.</u>		

MEDICAL CERTIFICATION

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Hypertensive Nephropathy & Uremia</u> CAUSE TO <u>Congestive Failure</u> ANTECEDENT CAUSES <u>Hypertensive Cardio-vascular disease</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			19. CAUSE OF DEATH (A) <u>Hypertensive Nephropathy & Uremia</u> CAUSE TO <u>Congestive Failure</u> (B) <u>Hypertensive Cardio-vascular disease</u> CAUSE TO _____ (C) _____		
19A. DATE OF OPERATION <u>10/1/52</u>			19B. MAJOR FINDINGS OF OPERATION _____		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>10/1/52</u> to <u>10/1</u> , 19 <u>52</u> that I last saw the deceased alive on <u>10/1</u> , 19 <u>52</u> , and that death occurred at <u>3:10</u> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Charles B. Adams</u>			23B. ADDRESS <u>University Hosp</u>		
23C. DATE SIGNED <u>10/2/52</u>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>SHIPPED</u>		24B. DATE <u>10-3-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>SUMPTER CEM</u>	
24D. LOCATION (City, town, or county) (State) <u>SUMPTER S. C.</u>					
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 3-1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>WILLIAM A JACKSON</u>	
				ADDRESS <u>916 PENNA. AVE.</u>	

VS 150

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52 9066

BALTIMORE CITY HEALTH DEPARTMENT

52 9066

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

M.L.B. 163568

1. NAME OF DECEASED
(Type or Print)

Locks, Marilyn

2. DATE
OF
DEATH

9-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

594 W. Preston St

C. Length of stay in Baltimore

19

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 11, 1952

9. AGE (In years last birthday)

10 Under 1 Year Months: Days

19

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas McCormick

14. MOTHER'S MAIDEN NAME

Pearl Locks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B.C.H. 4940 Eastern Ave

18. 764.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hyperelectrolytemia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diarrhea

DUE TO

2 weeks

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTO-PSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-28, 1952 to 9-30, 1952, that I last saw the deceased alive on 9-30, 1952 and that death occurred at 4:00 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave.

10-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 3 - 1952

Huntington Williams, M.D.

A. Halstead - 918 - Grand Hill Ave.

James H. [unclear]

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

James H. [unclear]

James H. [unclear]

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

James H. [unclear]

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

James H. [unclear]

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

James H. [unclear]

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

James H. [unclear]

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

James H. [unclear]

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

James H. [unclear]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 9057

BIRTH NO. 52 9057

1. NAME OF DECEASED (Type or Print) WILLIAM BURRELL		2. DATE OF DEATH September 30, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1505 50th W. Fairmount Avenue	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 4, 1921
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Helper		10B. KIND OF BUSINESS OR INDUSTRY Warehouse	9. AGE (In years last birthday) 31 If Under 1 Year: Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Martha Burrell		ADDRESS 1505-50th Fairmount Ave.	

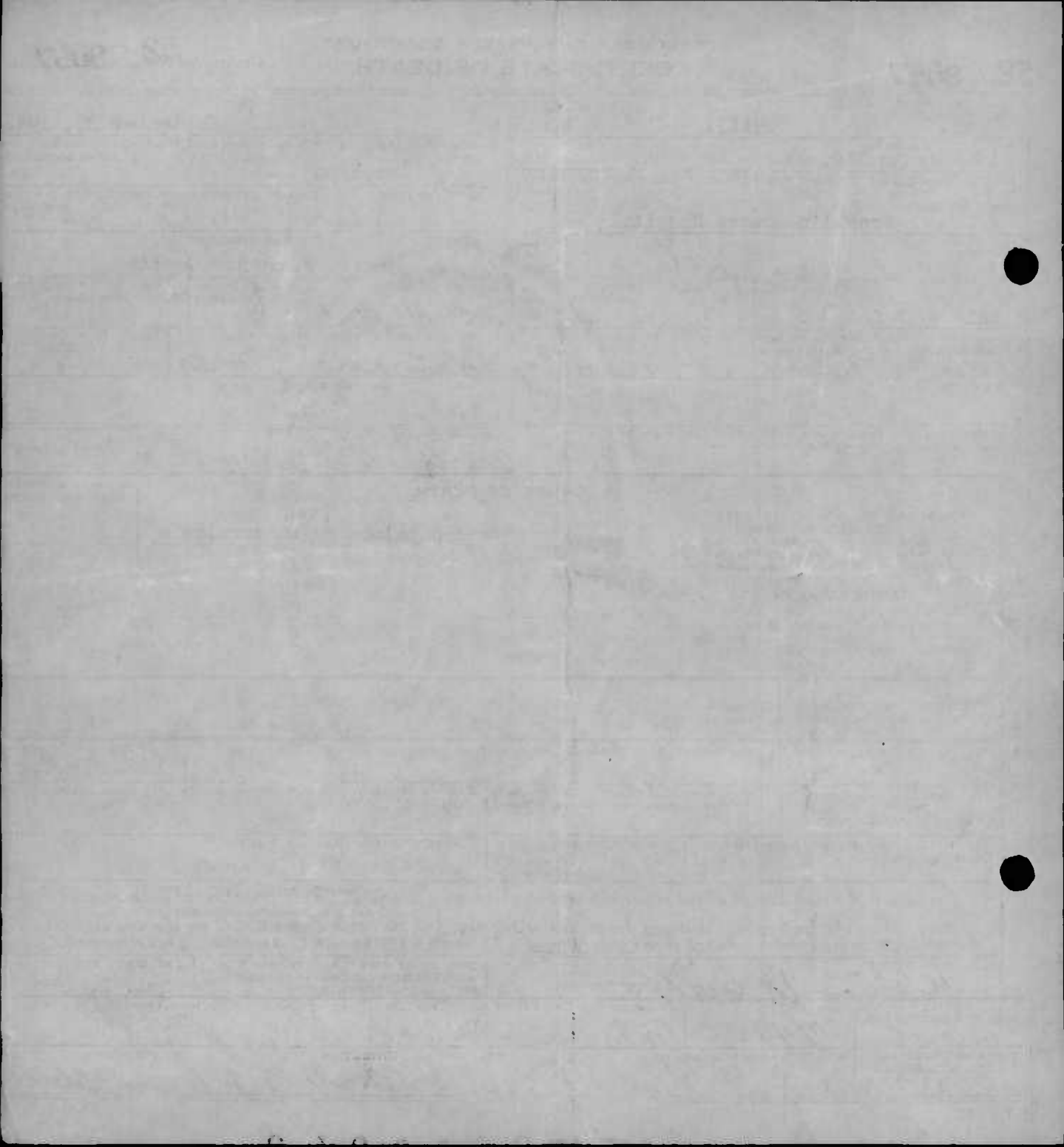
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Far advanced pulmonary tuberculosis		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Oct. 2, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/4/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemet.	24D. LOCATION (City, town, or county) (State) Maryland	
DATE RECEIVED BY LOCAL REGISTRAR OCT 3 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR A. Walstead - 918. Quind Hill Ave.

PLEASE PRINT FULL NAME, WITH EXACT DATE OF INFORMATION, AND CAUSE OF DEATH CLEARLY AND LEGIBLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



640
52 9068BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9068
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Minnie Crawley</i>		2. DATE OF DEATH <i>OCT 1 - 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balti. City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-07</i>	
Length of stay in Baltimore Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location) <i>1732 Llewellyn Ave.</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>12-13-06</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Spouse</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (in years last birthday) <i>45</i>
11. BIRTHPLACE (State or foreign country) <i>V.A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William B Green</i>		14. MOTHER'S MAIDEN NAME <i>Anna Braddy</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>447x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Hypertensive Arteriosclerosis</i> DUE TO <i>Cardiovascular disease</i> (B) _____ (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>at least 10 yrs</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Nephrosis 2° to Kimmelstiel-Wilson</i>		
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION <i>Renal lesion</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>9-29-1952</i> to <i>10-1-1952</i> , that I last saw the deceased alive on <i>10-1-1952</i> , and that death occurred at <i>6:50</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Thomas R. Handing</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>10/1/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct. 5th/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Greenfield</i>
24D. LOCATION (City, town, or county) <i>Va.</i>		(State)
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 3 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Elroy O Wilson</i>
		ADDRESS <i>1000 Brantley</i>

STATE OF TEXAS
COUNTY OF DALLAS

4. Trans,

and a...

STATE OF TEXAS

COUNTY OF DALLAS

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620
52 9069BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9069

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ETHEL HENDRICKSON DORSEY		2. DATE OF DEATH 10-1-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 12-02	
Length of stay in Baltimore LIFE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) CHARLES APTS. CHAS. + 33rd	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH ?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 74
11. BIRTHPLACE (State or foreign country) BALTIMORE		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME W^m. HENDRICKSON		14. MOTHER'S MAIDEN NAME MARTHA BURTON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Miss Dannie Dorsey		ADDRESS 3929 Kasinich	

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial Infarction

DUE TO

4 Hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arterio-sclerosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **Oct 1**, 19**52**, to **Oct 1**, 19**52**, that I last saw the deceased alive on **Oct 1**, 19**52**, and that death occurred at **11 50** p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

Union Memorial Hospital**Oct 2, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL**OCT. 3, 1952****Loudon Park Cem.****Baltimore****Maryland**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 3 - 1952**Huntington Williams, M.D.****J. O. Mitchell & Sons Inc.****1900 Entaw Place
Baltimore 17, Md.**

1000

1000

1000

1000

1000

1000

1000

1000

1000

S-242
52 9070BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9070

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Nathan Sakols		2. DATE OF DEATH Oct. 3. 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Linai Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-02	
D. STREET ADDRESS (If rural, give location) 807 Lenox St			
5. SEX M		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH	
9. AGE, in years (Specify birthday) 68		10. CITIZEN OF WHAT COUNTRY? Poland	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Mordecai		14. MOTHER'S MAIDEN NAME not known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Letty Sakols - same		ADDRESS	

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebro-vascular accident 7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)**AS H CVD**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 30, 1952** to **Oct. 3, 1952**, that I last saw the deceased alive on **Oct 3, 1952**, and that death occurred at **9:10 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Joseph Taler**

M. D.

23B. ADDRESS **Linai Hospital**23C. DATE SIGNED **Oct. 3. 1952**24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**24B. DATE **10-3-52**24C. NAME OF CEMETERY OR CREMATORY **Baltimore Hebrew**24D. LOCATION (City, town, or county) (State) **Balto MD**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**25. FUNERAL DIRECTOR **Jack Lewis**ADDRESS **2100 Eutar Pl**

VS 150

559046 9065

100

RECEIVED

100

100

52 9071

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9071

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CELIA LEON

2. DATE
OF
DEATH

10-2-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3710 FOREST PARK AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

15-38

D. STREET ADDRESS (If rural, give location)

3710 FOREST PARK AVE

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

79

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S. 9.

13. FATHER'S NAME

BEREL FELDMAN

14. MOTHER'S MAIDEN NAME

LIPKA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

HARRY PELTON -

ADDRESS

SAME

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Edema of lungs

1 hr

DUE TO

(B)

Chronic Myocarditis

3 yrs

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19, to 10/2/52, 19, that I last saw the
deceased alive on Oct 2, 1952, and that death occurred at 7 A. M., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams

M. D.

23B. ADDRESS

2040 E. E. W. St.

23C. DATE SIGNED

10/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10-3-1952

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Frank Lewis Inc - 2100 E. E. W. St.

VS 150

MEDICAL CERTIFICATION

Correct use is extremely important! Infilling - please write the causes of death clearly and legibly.

11

[Faint handwritten notes at the bottom of the page]

10/10/1911

12 113
11/10/21.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARA SINGER

2. DATE
OF
DEATH

10-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Doctors Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3226 W

Garrison Ave

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Female white

10b. KIND OF BUSINESS OR
INDUSTRY

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

13. FATHER'S NAME

Fendel

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Leon Singer - Same

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma ovarii

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1951 to 10-3, 1952 that I last saw the deceased alive on 10-2, 1952 and that death occurred at 1230 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Harold H. Bix

M. D.

23b. ADDRESS

2516 Linden Ave

23c. DATE SIGNED

10-3-52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 3-1952

Huntington Williams, M.D.

Jack Lewicki 2100 Centau PB

Art
Linden Ave
near 1739
La 0506
Georgiana Apt
Chamney Ave

52 9073

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9073
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEWIS E. KRISSIN

2. DATE
OF
DEATH

10-2-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3900 Clarineth Road

Yrs.
Mos.
Days

length of stay in Baltimore

60

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-13

D. STREET ADDRESS (If rural, give location)

2600 Loyola Southway

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

78

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Gen. Mdse

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Levi

14. MOTHER'S MAIDEN NAME

Beth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Harold Krissin

18. 420.0

I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

1/2 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerotic Heart Disease

7 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1950, to Oct. 2, 1952, that I last saw the
deceased alive on Oct. 2, 1952, and that death occurred at 9 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Bernard Bursin

23B. ADDRESS

M. D.

6721 Reisterstown Rd.

23C. DATE SIGNED

Oct 3 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 10-3-52

Dnax Laque

Baltimore

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 3 - 1952

Huntington Williams, M.D.

Jack Lewis

2100 Euston Pl

Dargens
6721
Ro 3535
Leist Rd

F65V
52 9074BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 9074

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Frank

2. DATE
OF
DEATH

10/2/52

3. PLACE OF DEATH:

A. Baltimore City Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hosp

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md

Balto

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Essex

5354

O. STREET ADDRESS (If rural, give location)

Box 375 S. Marilyn Ave.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9/28/1912

9. AGE (in years
last birthday)

40

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hw

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Grover Frank (Husband)

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Congestive failure

3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

myocardial infarction

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 9/30/52, 1952, to 10/2/52, 1952, that I last saw the deceased alive on 10/2/52, 1952, and that death occurred at 3:44 m., from the causes and on the date stated above.

23A. SIGNATURE

Ramsis Karal

M. O.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

10/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 3 - 1952

H. J. Williams

John G. Connelly

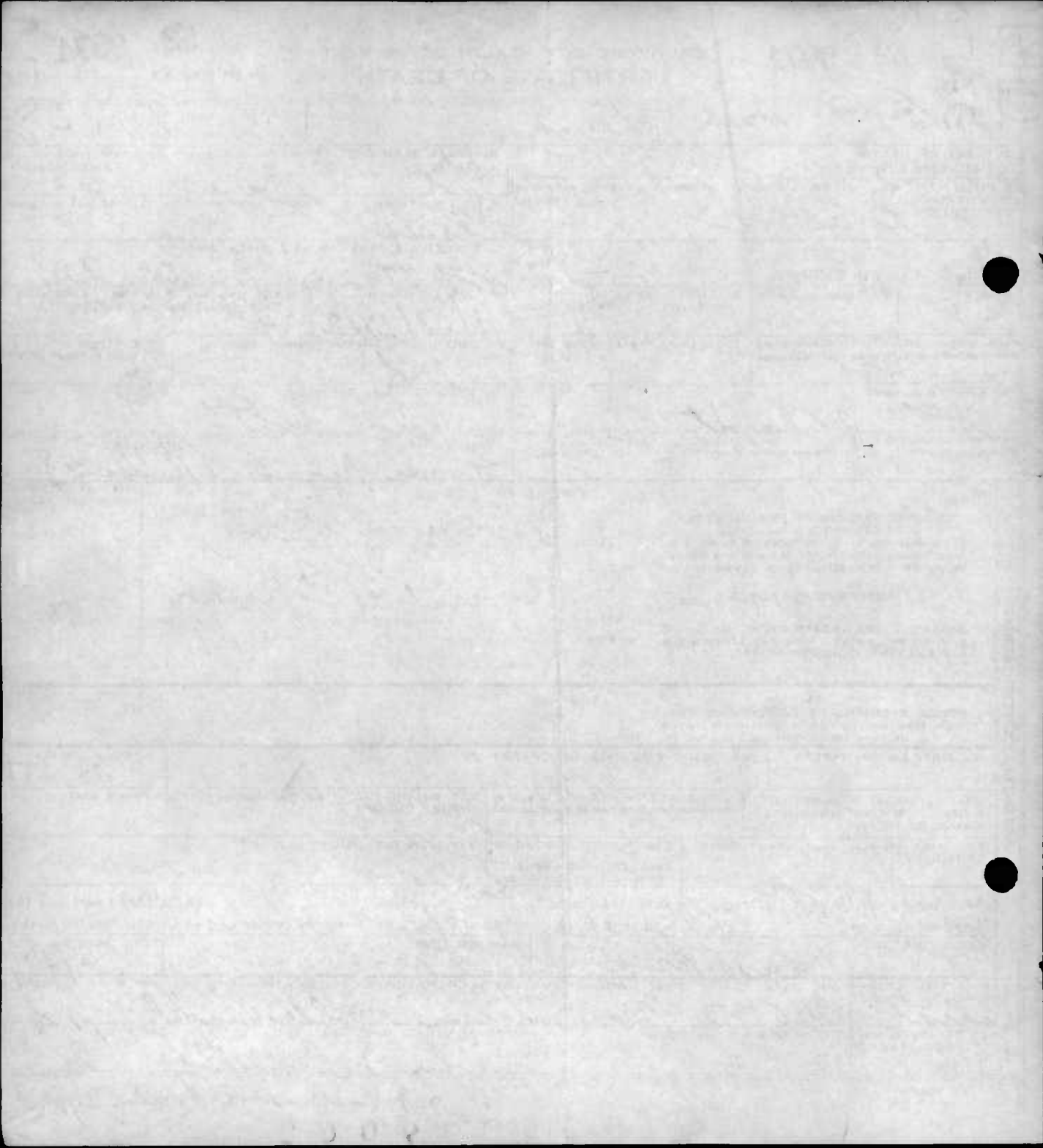
418 Eastern Ave. Balto, Md.

VS 150

19520009069

Correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9075
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Irving E. Gaither

2. DATE
OF
DEATH

Sept 30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *Maryland* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION *Provident Hosp*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore 14-02*

D. STREET ADDRESS (If rural, give location) *712 W. Lafayette Ave*

Length of stay in Baltimore *50 yrs*

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr 16-1886

9. AGE (in years last birthday)

66

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Eliss Gaither Sen.

14. MOTHER'S MAIDEN NAME

Alberta Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Nannie Gaither ADDRESS *712 W. Lafayette Ave*

CAUSE OF DEATH

18. *260X*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Thrombosis*

DUE TO

Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertension*

DUE TO

Chronic Alcoholism

(C)

INTERVAL BETWEEN ONSET AND DEATH

?

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *9-25-*, 19*52* to *9-30-*, 19*52* that I last saw the deceased alive on *9-30*, 19*52* and that death occurred at *8 P.* m., from the causes and on the date stated above.

23A. SIGNATURE

Lucas S. Hannon, M.D.

23B. ADDRESS

2224 Mosier St

23C. DATE SIGNED

10-3-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Oct 4-52

Saint Rest Cem Harmon a. a. w Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

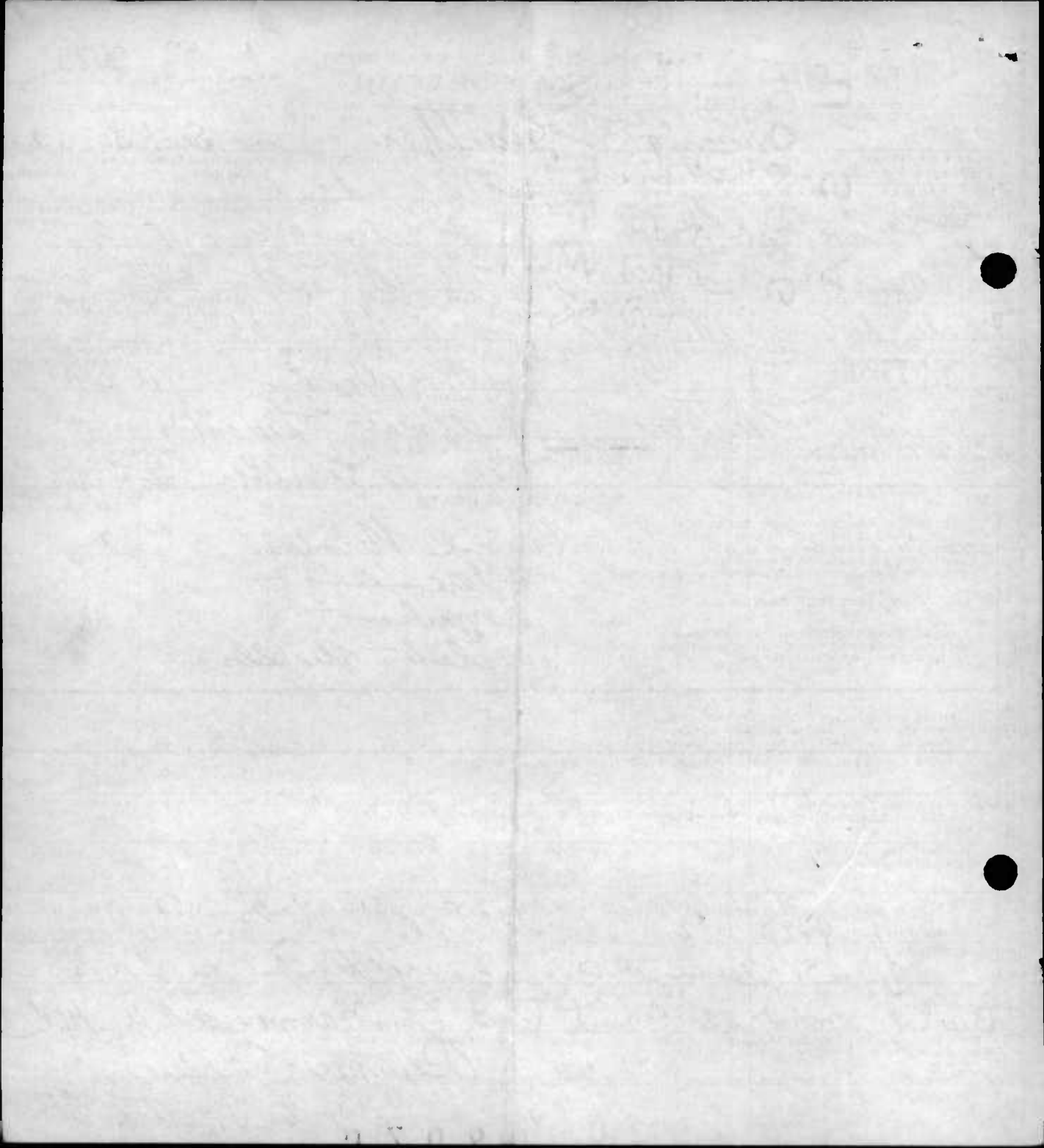
25. FUNERAL DIRECTOR

ADDRESS

Oct 3-1952

Wilmington Williams, M.D.

Rayner Sanders



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Anna Rehberger C. Rehberger</u>		2. DATE OF DEATH <u>October 2, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY _____	
B. FULL NAME OF _____ (If not in hospital or institution, give street address or location) <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 27-06</u>	
C. Length of stay in Baltimore _____ Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>2904 Hamilton Ave.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-4-82</u>
9. AGE (in years last birthday) <u>70</u>		10. Under 1 Year: Months _____ Days _____ 10. Under 24 Hours: Hours _____ Min. _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <u>John Harold</u>		14. MOTHER'S MAIDEN NAME <u>?</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS _____	

18. <u>170x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>CARCINOMA, BREAST, LEFT</u> (A) <u>FAR ADVANCED</u> DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH <u>AT LEAST 14 mos.</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION <u>9-27-52</u>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>9-27, 1952</u> , to <u>10-2, 1952</u> , that I last saw the deceased alive on <u>10-2, 1952</u> , and that death occurred at <u>8:45 P.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>10-2-52</u>	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>10/6/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>		24E. FUNERAL DIRECTOR <u>H. J. Ruck</u>		24F. ADDRESS <u>5395 Harford Rd</u>	

85-2 92

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

136

[Faint, illegible handwritten text and markings on a lined form, likely a death certificate.]

362
52 9077BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9077
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Thomas Randolph Waters		2. DATE OF DEATH Oct. 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 849 Hamilton Terrace		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-03	
6. Length of stay in Baltimore 50 yrs.		D. STREET ADDRESS (If rural, give location) 849 Hamilton Terrace	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 6, 1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caterer		10B. KIND OF BUSINESS OR INDUSTRY Self Employed	9. AGE (In years last birthday) 50
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Thomas Henry Waters		14. MOTHER'S MAIDEN NAME Cornelia Waters	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 219-16-2552	17. INFORMANT ADDRESS Mrs. Theresa Waters-849 Hamilton Terrace
18. 180X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Metastatic Carcinoma lungs DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hyponephroma, left. cerebral Metastatic Carcinoma INTERVAL BETWEEN ONSET AND DEATH 6 mo. ? 3 mo.			
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Apr 3, 1952, to Oct. 1, 1952, that I last saw the deceased alive on Oct. 1, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.			
23A. SIGNATURE Ging McDonald		23B. ADDRESS - 844 N. C. rey St. Balt. Md.	
23C. DATE SIGNED 10/3/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 6, 1952	
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR OCT 3 - 1952		REGISTRAR'S SIGNATURE H. H. Williams, M.D.	
25. FUNERAL DIRECTOR Holland Funeral Home-1631 Druid Hill Ave.			

52 9078

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9078
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Quinn

2. DATE
OF
DEATH

Oct. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1024 Stoddard Ct.

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1024 Stoddard Ct.

Length of stay in Baltimore

40 yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 6, 1888

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Ret. family

11. BIRTHPLACE (State or foreign country)

Tennessee

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.Mrs. George Quinn
1024 Stoddard Ct.

18. 148X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Throat.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chron Gastritis, Cystitis

DUE TO

(C)

July 7 1952

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from July 7, 1952, to Oct 1, 1952, that I last saw the deceased alive on 9-30, 1952, and that death occurred at 11:42 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Edw R Boykin

M. D.

23B. ADDRESS

1133 N. Monroe St

23C. DATE SIGNED

10-2-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk. Balto. Co. Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Shelley Funeral Home
1631 Suid Hill Ave.

420
AB-163463

52 9079

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9079

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mabel Willis

2. DATE
OF
DEATH

10-1-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE **Baltimore City Hospitals**
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore **27-18**

D. STREET ADDRESS (If rural, give location)

3405 Paton Ave. zone 15

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 15-1898

9. AGE (in years
last birthday)

54

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

13. FATHER'S NAME

Anthony Allen, Sr. 'Dec.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary F. Morgan

'Dec.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT
Baltimore City Hospitals
Records: 4940 Eastern Ave.

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Cerebro Vascular Accident

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-24-1952 to 10-1-1952 that I last saw the
deceased alive on 10-1-1952, and that death occurred at 9.35P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave., Baltimore, Md. 10-2-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

1943

BALTIMORE IN DEATH

CERTIFICATE OF DEATH

1943

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235

52 9080

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9080

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edgar Soistmann

2. DATE
OF
DEATH

Oct 2, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-03

D. STREET ADDRESS (If rural, give location)

1303 N. Rose St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Jan. 1898.

9. AGE (In years
last birthday)

54

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Typing

Gas & Electric Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Charles Soistmann

14. MOTHER'S MAIDEN NAME

Amelia Finkle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

212-05-7445

17. INFORMANT

ADDRESS

Edgar Soistmann Jr. 1303 N. Rose St.

CAUSE OF DEATH

18. 420.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

about

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

pneumonia, anemia, pleural effusion

1 week

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1952 to Oct 2, 1952 that I last saw the
deceased alive on Oct 2, 1952, and that death occurred at 11:20 A.m., from the causes and on the date stated above.

23A. SIGNATURE

R. H. Twining Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

Oct 2, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10-6-52

Baltimore Am.

North Ave. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 3 - 1952

Huntington Williams, M.D.

John C. Miller Inc. - 2435 E. Oliver St.

683,559,070

1902

52

THE OFFICE OF THE
COMMISSIONER OF THE
LAND OFFICE

1902

52

WILLIAM

JOHN

JOHN

JOHN

JOHN

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JOHN

JOHN

JOHN

JOHN

1902

460
52 9081BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9081
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN J. GOELLER

2. DATE

OF

DEATH

Sept. 30, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 718 S. Bouldin St.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

718 S. Bouldin St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

August 11, 1912

9. AGE (In years
last birthday)

40

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR
INDUSTRY

Owner Gas Station

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank Goeller

14. MOTHER'S MAIDEN NAME

Martha Baczkowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

217-01-6601

17. INFORMANT

ADDRESS

Catherine Goeller 718 S. Bouldin St

18. 181X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Uremia, hyperchloremic acidosis
DUE TO Hydroureters and Hydronephroses
with infections.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Carcinoma metastases seen in bones
DUE TO
(C) Carcinoma of urinary BladderII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-28-52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of urinary bladder

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

no

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 13, 1952, to Sept. 1952, that I last saw the
deceased alive on Sept 17, 1952, and that death occurred at 12:00 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct., 1952

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery 7401 German Hill Rd., Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 3 - 1952

Huntington Williams, M.D. Charles S. Zeiber

901 S. Conkling St.

VS 150

290 6K

CERTIFICATE OF DEATH

1. Name of Deceased: _____
2. Sex: _____
3. Age: _____
4. Date of Birth: _____
5. Place of Birth: _____
6. Date of Death: _____
7. Cause of Death: _____
8. Place of Death: _____
9. Signature of Physician: _____
10. Signature of Registrar: _____

11. Name of Informant: _____
12. Relationship to Deceased: _____
13. Address of Informant: _____
14. Date of Report: _____
15. Signature of Informant: _____

16. Name of Registrar: _____
17. Signature of Registrar: _____
18. Date of Registration: _____
19. Place of Registration: _____
20. Signature of Medical Officer: _____

654
52 9082BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9082

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(Howard)

William H. Cromwell

2. DATE
OF
DEATH

10/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-05

D. STREET ADDRESS (If rural, give location)

1800 N. Charles St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 15, 1894

9. AGE (In years
last birthday)

57

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Radio Station

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joshua Cromwell

ADK

14. MOTHER'S MAIDEN NAME

Katherine Jennings

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War No. 1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hosp. records

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute myocardial
infarction

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Arterio-sclerotic H. D.

?

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/29, 1952 to 10/2, 1952 that I last saw the
deceased alive on 10/2, 1952 and that death occurred at 5:42 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Greer W. Cromwell M. O.

Mercy Hosp

10/2/52

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10/6/52

Baltimore National Cem.

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 3 - 1952

Huntington Williams, M.D.

Thos. J. Dickener & Sons

9802

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9802

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VALLEY

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52 9083

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9083
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK A. MULLIKIN

2. DATE
OF
DEATH

Oct. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

220 Homewood Terrace

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

12-02

D. STREET ADDRESS (If rural, give location)

220 Homewood Terrace

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Treasurer

10B. KIND OF BUSINESS OR INDUSTRY

Lumber Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry C. Mullikin

14. MOTHER'S MAIDEN NAME

Richarda S. Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL

SECURITY NO.
212-16-5481

17. INFORMANT

ADDRESS

Mr. Benton C. Mullikin-2201 Woodbourne Av

18. 177x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Chronic Myocarditis
Arteriosclerosis

192.

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Recurrent Hemorrhage
in Gastro-intestinal tract
Cause undetermined
Carcinoma of Prostate

18 mos.

19 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1939

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Prostate Gland

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1946, to Oct. 1, 1952, that I last saw the deceased alive on Oct. 1, 1952, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Taylor

M. D.

23B. ADDRESS

3902 Greenmount Av

23C. DATE SIGNED

Oct 2 '52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/4/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jm. J. Tichner & Sons

ADDRESS

9520009000 Baltimore 17, Md.

2000

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RECEIVED BY THE DEPT. OF THE ARMY

RECEIVED BY THE DEPT. OF THE ARMY

1900

1900

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1850

ARTICLE

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52 9085
Z-120
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9085
Registered No.

1. NAME OF DECEASED (Type or Print) THEODORE ZYPSKI			2. DATE OF DEATH Oct. 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03		
D. STREET ADDRESS (If rural, give location) 2521 Guilford Ave.			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) 18	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

1B. E984x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Exsanguination DUE TO bullet wound of rectum		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) building - outside	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2100 block N. Howard St.
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept. 16, 1952 12:02 A.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Firearms

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE R. F. Fisher	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED Oct. 3, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 9-4-52	24C. NAME OF CEMETERY OR CREMATORY Laurel Hill
24D. LOCATION (City, town, or county) (State)	24E. DATE RECEIVED BY LOCAL REGISTRAR	24F. REGISTRAR'S SIGNATURE H. J. Williams, M.D.
25. FUNERAL DIRECTOR	ADDRESS J. J. Roberts Sons, 1318 Light St.	

008451 N935.4

Additional information by phone from
medical examiner's office. 10/6/52 ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL E Richey (RITCHY)

2. DATE
OF
DEATH

10-2-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1112 PENNA. AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE.

17-02

D. STREET ADDRESS (If rural, give location)

1112 PENNA AVE.

5. SEX

MALE

6. COLOR OR RACE

COL

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

?

8. DATE OF BIRTH

12-1-1887

9. AGE (in years

last birthday)

64.

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WAITER

10B. KIND OF BUSINESS OR INDUSTRY

POLICE BARRACKS.

11. BIRTHPLACE (State or foreign country)

INDIANA.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

SAMUEL RICHEY, SR.

IND

14. MOTHER'S MAIDEN NAME

UNKNOWN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

UNKNOWN.

16. SOCIAL SECURITY NO.

17. INFORMANT

1807 ADDRESS

DOROTHY LOPEZ, CLIFTON AVE.

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Acute Coronary Occlusion**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cardiac Infarction**

DUE TO

(C) **IntraCardiac Thrombi**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

L

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Sept 24, 1952** to **Oct. 2, 1952** that I last saw the deceased alive on **10-2, 1952** and that death occurred at **1:15 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

C. Mansell Lawrence

23B. ADDRESS

1033 W. Lankford St.

23C. DATE SIGNED

10-3-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

10-4-52

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEM

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

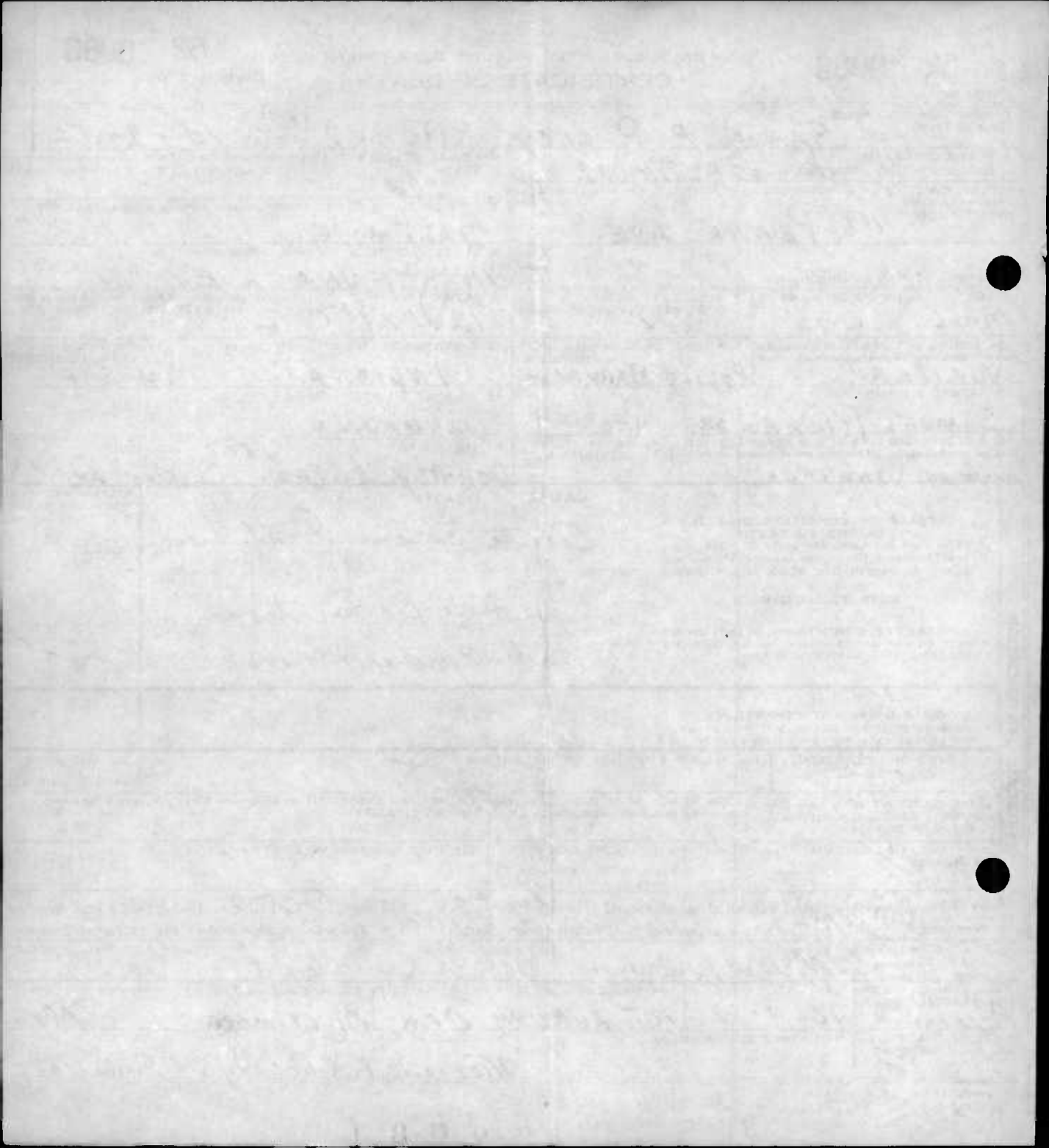
WILLIAM A JACKSON, 916 PENNA AVE.

VS 150

OCT 4 - 1952

Huntington Williams, M.D.

10452076492001



2-520
52 9087BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9087
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James P. Lyons

2. DATE
OF
DEATH

10/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

305 E. 27th St.

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission) B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto

12-03

D. STREET ADDRESS (If rural, give location)

305 E. 27th St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7/23/1872

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Retired Fireman

City of Balto.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lyons

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frank Schindler 305 E. 27th St.

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Chronic Myocarditis

DUE TO

Several
months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension

Several
years

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan. 8, 1952, to Oct. 2, 1952, that I last saw the
deceased alive on Oct. 2, 1952, and that death occurred at 1:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Frank N. Gorden

M. D.

23B. ADDRESS

2701 N. Calvert St.

23C. DATE SIGNED

Oct. 3, 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/6/52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul St.

OCT 4 1952

VS 150

2-520 9087

1981 55 081

ARMY OF THE UNITED STATES
CERTIFICATE OF DEATH

1. NAME OF DECEASED
2. SERVICE NUMBER
3. GRADE OR RATE
4. BRANCH OF SERVICE
5. DATE OF DEATH
6. PLACE OF DEATH
7. CAUSE OF DEATH
8. DISEASE OR INJURY
9. PERIOD OF ILLNESS OR INJURY
10. PLACE OF BIRTH
11. DATE OF BIRTH
12. SEX
13. RACE
14. RELIGION
15. MARITAL STATUS
16. OCCUPATION
17. EDUCATION
18. SOCIAL SECURITY NUMBER
19. SIGNATURE OF DECEASED
20. SIGNATURE OF WITNESS
21. SIGNATURE OF OFFICER
22. SIGNATURE OF CHAPLAIN
23. SIGNATURE OF MINISTER
24. SIGNATURE OF CLERGYMAN
25. SIGNATURE OF OTHER

26. SIGNATURE OF DECEASED
27. SIGNATURE OF WITNESS
28. SIGNATURE OF OFFICER
29. SIGNATURE OF CHAPLAIN
30. SIGNATURE OF MINISTER
31. SIGNATURE OF CLERGYMAN
32. SIGNATURE OF OTHER
33. SIGNATURE OF DECEASED
34. SIGNATURE OF WITNESS
35. SIGNATURE OF OFFICER
36. SIGNATURE OF CHAPLAIN
37. SIGNATURE OF MINISTER
38. SIGNATURE OF CLERGYMAN
39. SIGNATURE OF OTHER
40. SIGNATURE OF DECEASED
41. SIGNATURE OF WITNESS
42. SIGNATURE OF OFFICER
43. SIGNATURE OF CHAPLAIN
44. SIGNATURE OF MINISTER
45. SIGNATURE OF CLERGYMAN
46. SIGNATURE OF OTHER
47. SIGNATURE OF DECEASED
48. SIGNATURE OF WITNESS
49. SIGNATURE OF OFFICER
50. SIGNATURE OF CHAPLAIN
51. SIGNATURE OF MINISTER
52. SIGNATURE OF CLERGYMAN
53. SIGNATURE OF OTHER
54. SIGNATURE OF DECEASED
55. SIGNATURE OF WITNESS
56. SIGNATURE OF OFFICER
57. SIGNATURE OF CHAPLAIN
58. SIGNATURE OF MINISTER
59. SIGNATURE OF CLERGYMAN
60. SIGNATURE OF OTHER
61. SIGNATURE OF DECEASED
62. SIGNATURE OF WITNESS
63. SIGNATURE OF OFFICER
64. SIGNATURE OF CHAPLAIN
65. SIGNATURE OF MINISTER
66. SIGNATURE OF CLERGYMAN
67. SIGNATURE OF OTHER
68. SIGNATURE OF DECEASED
69. SIGNATURE OF WITNESS
70. SIGNATURE OF OFFICER
71. SIGNATURE OF CHAPLAIN
72. SIGNATURE OF MINISTER
73. SIGNATURE OF CLERGYMAN
74. SIGNATURE OF OTHER
75. SIGNATURE OF DECEASED
76. SIGNATURE OF WITNESS
77. SIGNATURE OF OFFICER
78. SIGNATURE OF CHAPLAIN
79. SIGNATURE OF MINISTER
80. SIGNATURE OF CLERGYMAN
81. SIGNATURE OF OTHER
82. SIGNATURE OF DECEASED
83. SIGNATURE OF WITNESS
84. SIGNATURE OF OFFICER
85. SIGNATURE OF CHAPLAIN
86. SIGNATURE OF MINISTER
87. SIGNATURE OF CLERGYMAN
88. SIGNATURE OF OTHER
89. SIGNATURE OF DECEASED
90. SIGNATURE OF WITNESS
91. SIGNATURE OF OFFICER
92. SIGNATURE OF CHAPLAIN
93. SIGNATURE OF MINISTER
94. SIGNATURE OF CLERGYMAN
95. SIGNATURE OF OTHER
96. SIGNATURE OF DECEASED
97. SIGNATURE OF WITNESS
98. SIGNATURE OF OFFICER
99. SIGNATURE OF CHAPLAIN
100. SIGNATURE OF MINISTER
101. SIGNATURE OF CLERGYMAN
102. SIGNATURE OF OTHER
103. SIGNATURE OF DECEASED
104. SIGNATURE OF WITNESS
105. SIGNATURE OF OFFICER
106. SIGNATURE OF CHAPLAIN
107. SIGNATURE OF MINISTER
108. SIGNATURE OF CLERGYMAN
109. SIGNATURE OF OTHER
110. SIGNATURE OF DECEASED
111. SIGNATURE OF WITNESS
112. SIGNATURE OF OFFICER
113. SIGNATURE OF CHAPLAIN
114. SIGNATURE OF MINISTER
115. SIGNATURE OF CLERGYMAN
116. SIGNATURE OF OTHER
117. SIGNATURE OF DECEASED
118. SIGNATURE OF WITNESS
119. SIGNATURE OF OFFICER
120. SIGNATURE OF CHAPLAIN
121. SIGNATURE OF MINISTER
122. SIGNATURE OF CLERGYMAN
123. SIGNATURE OF OTHER
124. SIGNATURE OF DECEASED
125. SIGNATURE OF WITNESS
126. SIGNATURE OF OFFICER
127. SIGNATURE OF CHAPLAIN
128. SIGNATURE OF MINISTER
129. SIGNATURE OF CLERGYMAN
130. SIGNATURE OF OTHER
131. SIGNATURE OF DECEASED
132. SIGNATURE OF WITNESS
133. SIGNATURE OF OFFICER
134. SIGNATURE OF CHAPLAIN
135. SIGNATURE OF MINISTER
136. SIGNATURE OF CLERGYMAN
137. SIGNATURE OF OTHER
138. SIGNATURE OF DECEASED
139. SIGNATURE OF WITNESS
140. SIGNATURE OF OFFICER
141. SIGNATURE OF CHAPLAIN
142. SIGNATURE OF MINISTER
143. SIGNATURE OF CLERGYMAN
144. SIGNATURE OF OTHER
145. SIGNATURE OF DECEASED
146. SIGNATURE OF WITNESS
147. SIGNATURE OF OFFICER
148. SIGNATURE OF CHAPLAIN
149. SIGNATURE OF MINISTER
150. SIGNATURE OF CLERGYMAN
151. SIGNATURE OF OTHER
152. SIGNATURE OF DECEASED
153. SIGNATURE OF WITNESS
154. SIGNATURE OF OFFICER
155. SIGNATURE OF CHAPLAIN
156. SIGNATURE OF MINISTER
157. SIGNATURE OF CLERGYMAN
158. SIGNATURE OF OTHER
159. SIGNATURE OF DECEASED
160. SIGNATURE OF WITNESS
161. SIGNATURE OF OFFICER
162. SIGNATURE OF CHAPLAIN
163. SIGNATURE OF MINISTER
164. SIGNATURE OF CLERGYMAN
165. SIGNATURE OF OTHER
166. SIGNATURE OF DECEASED
167. SIGNATURE OF WITNESS
168. SIGNATURE OF OFFICER
169. SIGNATURE OF CHAPLAIN
170. SIGNATURE OF MINISTER
171. SIGNATURE OF CLERGYMAN
172. SIGNATURE OF OTHER
173. SIGNATURE OF DECEASED
174. SIGNATURE OF WITNESS
175. SIGNATURE OF OFFICER
176. SIGNATURE OF CHAPLAIN
177. SIGNATURE OF MINISTER
178. SIGNATURE OF CLERGYMAN
179. SIGNATURE OF OTHER
180. SIGNATURE OF DECEASED
181. SIGNATURE OF WITNESS
182. SIGNATURE OF OFFICER
183. SIGNATURE OF CHAPLAIN
184. SIGNATURE OF MINISTER
185. SIGNATURE OF CLERGYMAN
186. SIGNATURE OF OTHER
187. SIGNATURE OF DECEASED
188. SIGNATURE OF WITNESS
189. SIGNATURE OF OFFICER
190. SIGNATURE OF CHAPLAIN
191. SIGNATURE OF MINISTER
192. SIGNATURE OF CLERGYMAN
193. SIGNATURE OF OTHER
194. SIGNATURE OF DECEASED
195. SIGNATURE OF WITNESS
196. SIGNATURE OF OFFICER
197. SIGNATURE OF CHAPLAIN
198. SIGNATURE OF MINISTER
199. SIGNATURE OF CLERGYMAN
200. SIGNATURE OF OTHER

W-435

AB-16294152 9088

BALTIMORE CITY HEALTH DEPARTMENT

52 9088

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude Walton

2. DATE
OF
DEATH

10-1-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1507 E. Fayette St. zone 31

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 11-1922

9. AGE (In years
last birthday)

30

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Richard Richardson

14. MOTHER'S MAIDEN NAME

Lottie Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Tuberculosis Bilateral

8 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9-1952, to 10-1-1952, that I last saw the
deceased alive on 10-1-1952, and that death occurred at 8.45 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave., Baltimore, Md.

10-2-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10-6-52

National Cem.

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 4 1952

VS 150

578 W. Biddle St.

CERTIFICATE OF DEATH

11-1-1932

Gertrude Nelson

June 1906

Bellevue

1907 2. 1932 11-1-1932

11-1-1932

11-1-1932

11-1-1932

11-1-1932

11-1-1932

11-1-1932

11-1-1932

11-1-1932

11-1-1932

11-1-1932

11-1-1932

11-1-1932

11-1-1932

Med. Exam Case
M-3-00
BIRTH NO. 9089

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9089

Registered No.

1. NAME OF DECEASED (Type or Print) Thomas Mc Coy		2. DATE OF DEATH Oct. 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Johns Hopkins Hospital		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-02	
D. STREET ADDRESS (If rural, give location) 1028 E. Monument St.		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Mitchell Mc Coy		11. BIRTHPLACE (State or foreign country) N.C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or not known)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarct		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension		CERTIFICATION APPROVED BY William H. Williams, M.D. CHIEF OR ASST. MEDICAL EXAMINER
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Lytic arthritis		

19A. DATE OF OPERATION 10-2-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE Robert Williams		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 10-2-52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 10/4/52	24C. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery, A. A. Co., Md.	24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR 10-4-1952	REGISTRAR'S SIGNATURE Robert Williams	25. FUNERAL DIRECTOR Robert Williams 1515 Mc Ederly St.		

ENCLOSURE

THE UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

STATE OF NEW YORK

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

WASHINGTON, D. C. 20250

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENJAMIN PORTER

2. DATE
OF
DEATH

10-1-54

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIV. OF MD. HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Bowie

D. STREET ADDRESS (If rural, give location)

Bowie Md

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Colored.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1885

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Bowie Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Zachariah Parker

14. MOTHER'S MAIDEN NAME

Sarah Jane Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ambulance Driver. (A.A. Co)

18. 692.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

ANOXIA

DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

PULMONARY EDEMA

DUE TO

2 days

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cellulitis Right arm

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 9-26-54, 19, to 10-1-54, 19, that I last saw the
deceased alive on 10-1-54, 19, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Benj. G. Adelsheim

M. D.

Univ. Hospital

10-1-54

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1952

Huntington Williams, M.D.

Mrs Katie R Williams

322 N. Schreder St

OCT 4 1952

meried, no further data obtainable.

10/20/52

ES

420

52 9091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9091

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William

Skilke

2. DATE
OF
DEATH

Oct. 3-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

8. FULL NAME OF
HOSPITAL OR
INSTITUTION

60 6000 Bellona Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-01

D. STREET ADDRESS (If rural, give location)

4114 Skilke Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

9. DATE OF BIRTH

Apr. 8-1863

9. AGE (In years
last birthday)

39

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Steamship Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Retired Steamship Engineer

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

Germany

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Karl Doering - same

ADDRESS

18. 540.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic Gastric Ulcer

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Gastric Hemorrhage

1 day

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20-1952, to Oct 3-1952, that I last saw the
deceased alive on Oct 3-1952, and that death occurred at 8:46 A. M., from the causes and on the date stated above.

23A. SIGNATURE

E. G. Hall MD

M. D.

23B. ADDRESS

16318 North Ave

23C. DATE SIGNED

Oct 3-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10-6-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Balt Md

24D. LOCATION (City, town, or county) (State)

Huntington Wilmers, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Wilmers, Md

25. FUNERAL DIRECTOR

J. Luck 5395 Hayford Rd

ADDRESS

OCT 5-1952

VS 150

MEDICAL CERTIFICATION

1000 80

CERTIFICATE OF DEATH

1001

Dr. J. J. J. J.
1631 E. North

52 9092

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9092
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY WAGNER

2. DATE
OF
DEATH

Oct 2/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mary Hosp

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 28 1882

9. AGE (in years
last birthday)

69 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Conductor (B+O)

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

August Wagner

N.R.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Anna Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Patient

ADDRESS

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) Chronic static lacunoma of
the liver, primary
focus probably in the
sigmoid colon

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Cachexia + obstructive
jaundiceINTERVAL BETWEEN
ONSET AND DEATH

5 mos +

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9-22-52

19B. MAJOR FINDINGS OF OPERATION

Biopsy of liver

Explant of liver lacunoma

Carcinoma (metastatic) of liver

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1952, to Oct 2, 1952, that I last saw the
deceased alive on Oct 2, 1952, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Leonard G. Hamberry

23B. ADDRESS

Mary Hosp. Rd. Balto Oct 2/1952

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10-6-52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park Balto

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Ruck

ADDRESS

5305 Harford

SDOC

51

SDOC 51

(12) 1/1

3.1415926535

A 3 U

2 3 0 0

52 9093

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9093

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARLIN MATTHEWS

2. DATE
OF
DEATH Oct. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

223 E. Lafayette St.

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

Dec. 14, 1902

9. AGE (In years
last birthday)

49

If Under 1 Year
Months: Days: If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

Superior Builders

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alverst Matthews

14. MOTHER'S MAIDEN NAME

Ocie Rhudey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

233-12-0859

17. INFORMANT

ADDRESS

Harold Everett Matthews Box 208

18. E901.3 and 073x

CAUSE OF DEATH Edgewood, Md.

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Skull fracture

ANTECEDENT CAUSES

(B) Contusion of brain

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

Syphilitic cardiovascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

house-outside

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1219 Walker Avenue

27/38

21D. TIME (Month) (Day) (Year) (Hour)

Oct. 3, 1952 1:45 P.

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell off ladder from 2nd story to
ground22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Oct. 4, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Wytheville

24D. LOCATION (City, town, or county)

Virginia

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Elesworth Armacost

VS 151

N803.2

56424

4600 Liberty Hghts. Ave. 17

MEDICAL CERTIFICATION

correct entry is especially important. Physicians: please write the causes of death clearly and legibly.

52 9094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9094

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mamie Josephine Syfer

2. DATE
OF
DEATH Oct. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1600 West North Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1600 West North Ave.

Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 26, 1874

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Funeral Director

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Eugene Cook

14. MOTHER'S MAIDEN NAME

Mary Markley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Howard Gordon 1600 W. North Ave

18. 422.2 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1879 to Oct 2, 1952, that I last saw the
deceased alive on Oct 2, 1952 and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

M. D.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Woodlawn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 5 - 1952

Huntington Williams, Jr.

Ellsworth

Pimacost

VS 150

4600 Liberty Heights Ave.

MEDICAL CERTIFICATION

52 9095

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9095

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) HARRY HORN		2. DATE OF DEATH 10-2-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2304 BROHAWN AVE.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 25-42	
Length of stay in Baltimore LIFE Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2304 BROHAWN AVE.	
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-9-87
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		9B. KIND OF BUSINESS OR INDUSTRY MILLWORK	9. AGE (In years last birthday) 65
10A. BIRTHPLACE (State or foreign country) MARYLAND		10B. CITIZEN OF WHAT COUNTRY? U.S.A.	
11. FATHER'S NAME FREDERICK HORN (M)		12. MOTHER'S MAIDEN NAME MADLINE HEIL	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		14. SOCIAL SECURITY NO. 218-01-6838	
15. INFORMANT MARGARET HORN		ADDRESS 2304 BROHAWN AVE.	

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertension C.V.D. (A) _____ DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 years 2 weeks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral Hemorrhage (B) _____ DUE TO		
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9/30**, 19**52**, to **Oct 2**, 19**52**, that I last saw the deceased alive on **Oct 2**, 19**52**, and that death occurred at **1:30 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Samuel Schwalb** M. D. 23B. ADDRESS **101 Ann Street** 23C. DATE SIGNED **10/3/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 10-6-52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) BALTIMORE, Md.
DATE RECEIVED BY LOCAL REGISTRAR OCT 5 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Geo. L. Schwalb ADDRESS 2101 FREDERICK AVE.	

2000

51

UNITED STATES
DEPARTMENT OF AGRICULTURE

OFFICE OF
FOREST SERVICE

2000

51

INFORMATION

STATE

450
52 9096BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9096

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>James Howard Delaney</i>		2. DATE OF DEATH <i>Oct 3-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>4732 Dartford Ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) A. STATE <i>MD</i> B. COUNTY <i>28-04</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>00</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md.</i>	
5. LENGTH OF STAY IN BALTIMORE <i>70</i>		D. STREET ADDRESS (If rural, give location) <i>4732 Dartford Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 30-1882</i>
9. AGE (In years last birthday) <i>70</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>John Delaney</i>	14. MOTHER'S MAIDEN NAME <i>Julia Gollen</i>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>	
16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>Mrs. Matilda Delaney</i>	
18. <i>420.1</i>		ADDRESS <i>4732 Dartford Ave</i>	

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 day

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *1946 (Oct 15)*, to *October 3, 1952*, that I last saw the deceased alive on *Sept 30, 1952*, and that death occurred at *11:15 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

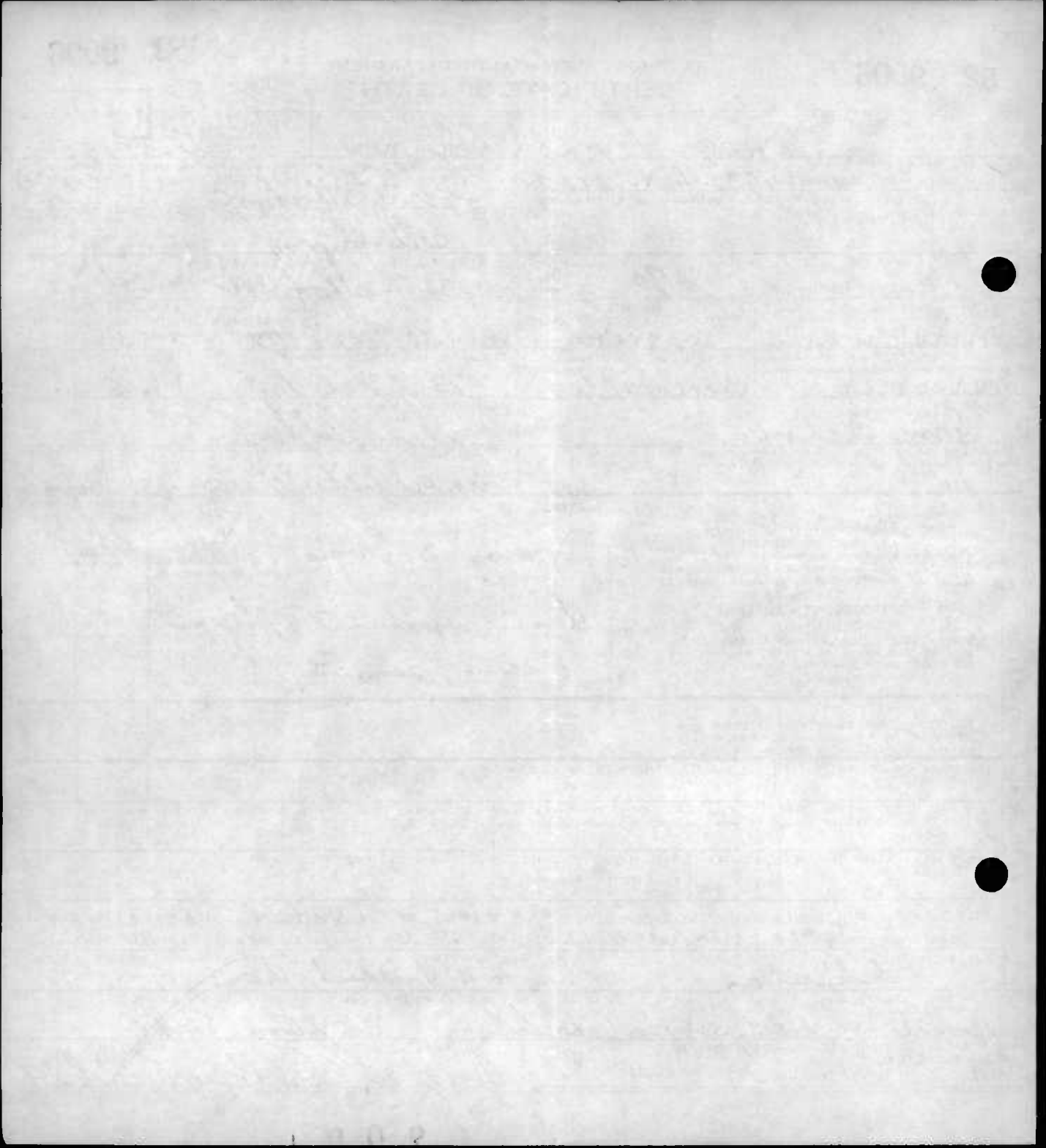
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



320
52 9097BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9097
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>MR. HOLLAND P. WATTS</i>		2. DATE OF DEATH <i>10/5/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Anne Arundel</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Lutheran Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Odenton</i>	
Length of stay in Baltimore <i>21</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>5200</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Sept 16 - 1952</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>clerk</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>State</i>	9. AGE (In years last birthday) <i>65</i> Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>P. Prunskis Watts</i>		14. MOTHER'S MAIDEN NAME <i>Paraschemia P. Phelps</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Eulton & Watts Odenton md</i>	

18. *592X* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) *Uremia*
DUE TO*1 month*

ANTECEDENT CAUSES

(B) *Chronic Nephritis*
DUE TO*?*

II

(C) *Arteriosclerotic Cardiovascular Disease*19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10/4*, 1952, to *10/5*, 1952, that I last saw the deceased alive on *10/5*, 1952, and that death occurred at *1 P. m.*, from the causes and on the date stated above.23A. SIGNATURE *Robert W. Gebhardt* M. D. 23B. ADDRESS *Lutheran Hospital* 23C. DATE SIGNED *10/5/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct 7/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Nicholas Memorial</i>	24D. LOCATION (City, town, or county) (State) <i>Odenton md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 5 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>B. L. Hopping & Son</i>	ADDRESS <i>unavailable</i>
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CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Occupation		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Coroner		13. Signature of Medical Examiner		14. Signature of Pathologist		15. Signature of Forensic Physician	
16. Signature of Medical Officer of Health		17. Signature of Health Officer		18. Signature of Sanitary Officer		19. Signature of Public Health Officer		20. Signature of Health Officer	
21. Signature of Health Officer		22. Signature of Health Officer		23. Signature of Health Officer		24. Signature of Health Officer		25. Signature of Health Officer	
26. Signature of Health Officer		27. Signature of Health Officer		28. Signature of Health Officer		29. Signature of Health Officer		30. Signature of Health Officer	
31. Signature of Health Officer		32. Signature of Health Officer		33. Signature of Health Officer		34. Signature of Health Officer		35. Signature of Health Officer	
36. Signature of Health Officer		37. Signature of Health Officer		38. Signature of Health Officer		39. Signature of Health Officer		40. Signature of Health Officer	
41. Signature of Health Officer		42. Signature of Health Officer		43. Signature of Health Officer		44. Signature of Health Officer		45. Signature of Health Officer	
46. Signature of Health Officer		47. Signature of Health Officer		48. Signature of Health Officer		49. Signature of Health Officer		50. Signature of Health Officer	
51. Signature of Health Officer		52. Signature of Health Officer		53. Signature of Health Officer		54. Signature of Health Officer		55. Signature of Health Officer	
56. Signature of Health Officer		57. Signature of Health Officer		58. Signature of Health Officer		59. Signature of Health Officer		60. Signature of Health Officer	
61. Signature of Health Officer		62. Signature of Health Officer		63. Signature of Health Officer		64. Signature of Health Officer		65. Signature of Health Officer	
66. Signature of Health Officer		67. Signature of Health Officer		68. Signature of Health Officer		69. Signature of Health Officer		70. Signature of Health Officer	
71. Signature of Health Officer		72. Signature of Health Officer		73. Signature of Health Officer		74. Signature of Health Officer		75. Signature of Health Officer	
76. Signature of Health Officer		77. Signature of Health Officer		78. Signature of Health Officer		79. Signature of Health Officer		80. Signature of Health Officer	
81. Signature of Health Officer		82. Signature of Health Officer		83. Signature of Health Officer		84. Signature of Health Officer		85. Signature of Health Officer	
86. Signature of Health Officer		87. Signature of Health Officer		88. Signature of Health Officer		89. Signature of Health Officer		90. Signature of Health Officer	
91. Signature of Health Officer		92. Signature of Health Officer		93. Signature of Health Officer		94. Signature of Health Officer		95. Signature of Health Officer	
96. Signature of Health Officer		97. Signature of Health Officer		98. Signature of Health Officer		99. Signature of Health Officer		100. Signature of Health Officer	

263
52 9098
BIRTH NO. 72-22395BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9098

1. NAME OF DECEASED (Type or Print) BABY BOY BASEHART.		2. DATE OF DEATH 9/23/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION SINAI		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-44	
Length of stay in Baltimore 1/2 <small>Yrs. Mos. Days</small>		D. STREET ADDRESS (If rural, give location) 907 N. New KIRK ST.	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 9-23-52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 2 <small>Months: Days</small>
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Arthur J. Basehart		14. MOTHER'S MAIDEN NAME BARBARA D. BOWEN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 756.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) RESPIRATORY ARREST. DUE TO LONG TUMOR OF LIVER DUE TO MULTIPLE CONGENITAL ANOMALIES DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

MEDICAL CERTIFICATION

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/23 , 19 52 , to 9/23 , 19 52 , that I last saw the deceased alive on 9/23 , 19 52 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Paul C. Huntington M. D.		23B. ADDRESS SINAI HOSP. OF BALTO.		23C. DATE SIGNED 9/27/52	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR OCT 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS	

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52 9099
BIRTH NO. 22-22412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9099
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Booy Boy Hood</i>		2. DATE OF DEATH <i>9-21-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Sinai Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18-03</i>	
Length of stay in Baltimore <i>34 Hours</i>		D. STREET ADDRESS (If rural, give location) <i>867 Boyd St. 21</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>NEGRO</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>	8. DATE OF BIRTH <i>9-20-32</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>20</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min. <i>34</i>
13. FATHER'S NAME <i>John Hood</i>		14. MOTHER'S MAIDEN NAME <i>EVA Rawlings</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	

18. <i>754.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>CONGENITAL H. DISEASE</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>34 Hours</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0 2</i>		19B. MAJOR FINDINGS OF OPERATION <i>0</i>		20. 'AUTOPSY?' YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>9-20-52</i> 19, to <i>9-21-52</i> 19, that I last saw the deceased alive on <i>9-21-52</i> 19, and that death occurred at <i>8:15</i> p. m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Margaret Leffert</i>		23B. ADDRESS <i>Sinai Hospital</i>		23C. DATE SIGNED <i>9-27-52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL</i>	24D. LOCATION (City, town, or county) (State) <i>OCT 3 1952</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 5 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	ADDRESS

02-02

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1913

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509
52 9100BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9100
Registered No.

BIRTH NO. 52-19253

1. NAME OF DECEASED (Type or Print) BABY BOY VAIN		2. DATE OF DEATH 9/2/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Swan Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE 13 days		D. STREET ADDRESS (If rural, give location) 1302 N. Rose St. #13	
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	10. DATE OF BIRTH 8/20/52
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (in years last birthday) 13 days	
13. FATHER'S NAME Andrew Vain		14. BIRTHPLACE (State or foreign country) Balto Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. MOTHER'S MAIDEN NAME Edgar		18. CITIZENSHIP (What country?) U.S.	

18. 752X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Congenital Hydrocephalus & assoc. cong. abnormalities	CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 13 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

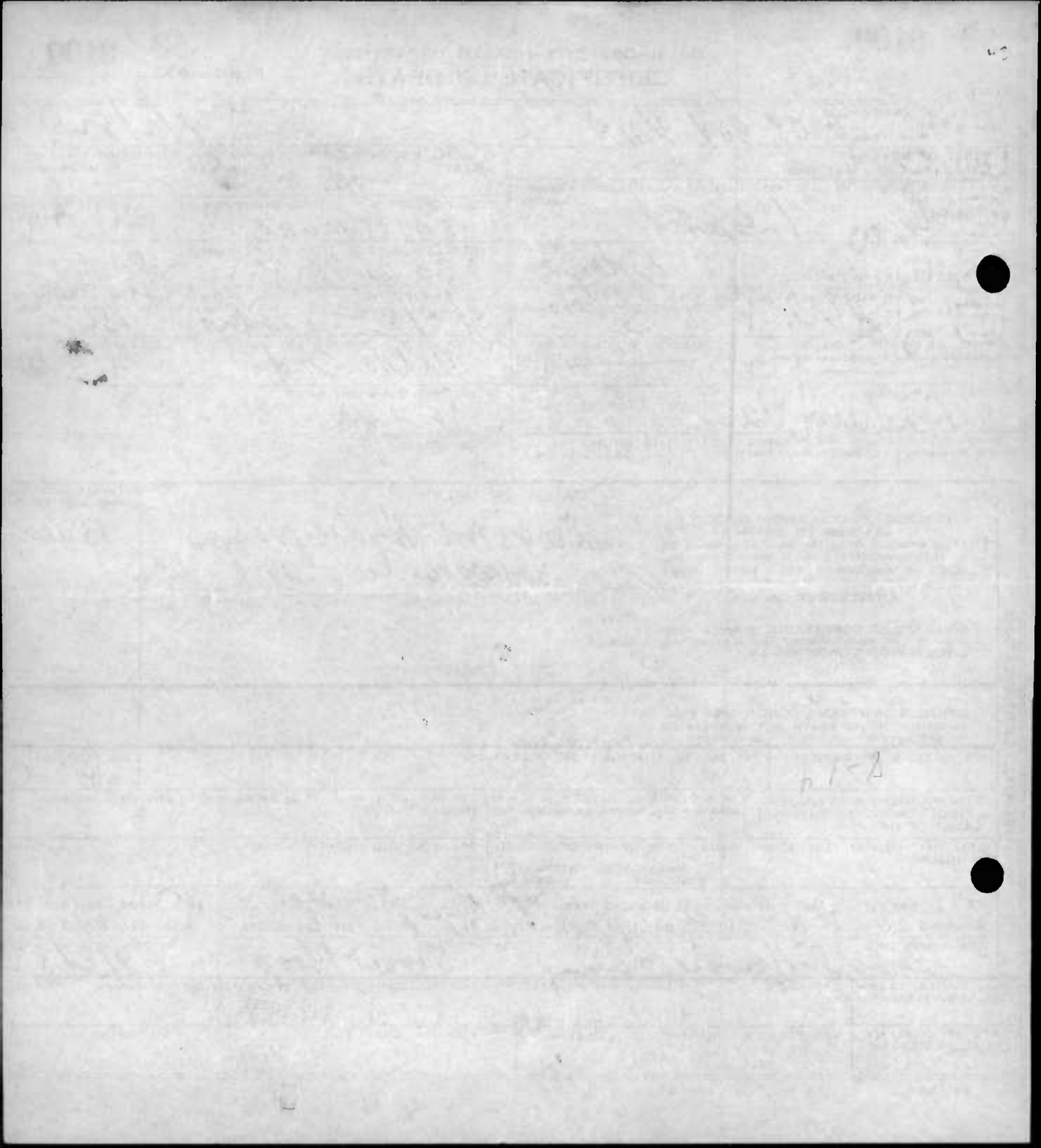
19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sept 1, 1952 to Sept 2, 1952 , that I last saw the deceased alive on Sept 2, 1952 and that death occurred at 7:30 p. m. , from the causes and on the date stated above.		
23A. SIGNATURE Samuel Youwar Shum	23B. ADDRESS Swan Hosp.	23C. DATE SIGNED 9/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR OCT 5 - 1952			
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR Huntington Williams, M.D.	

JOHN HOPKINS MEDICAL SCHOOL

OCT 30 1952

520009005



132

52 9101

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9101

Registered No.

BIRTH NO. 52-25786

1. NAME OF DECEASED (Type or Print) BABY GIRL SPITZER		2. DATE OF DEATH September 29, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 10-01	
5. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for Women of Maryland		C. CITY OR TOWN Baltimore-2-	
6. LENGTH OF STAY IN BALTIMORE 17		D. STREET ADDRESS (If rural, give location) 422 East Biddle Street	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —	10. DATE OF BIRTH September 28, 1952
11. AGE (In years last birthday) 14		12. AGE (In years last birthday) 14	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —		14. KIND OF BUSINESS OR INDUSTRY —	
15. FATHER'S NAME Emil Carl Spitzer		16. MOTHER'S MAIDEN NAME Audrey Virginia Newton	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		18. SOCIAL SECURITY NO. —	
19. ADDRESS —		20. ADDRESS —	

19. 763.5		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Bronchopneumonia			
DUE TO					
ANTECEDENT CAUSES		(B) Inadequate aeration			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C) Prematurity			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 28, 1952 to Sept 29, 1952 , that I last saw the deceased alive on Sept 29, 1952 , and that death occurred at 11:15 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert A. Riley, Jr.		23B. ADDRESS 1102 E. Pratt St. Baltimore, Md.		23C. DATE SIGNED 10/2/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		24E. DATE RECEIVED BY LOCAL REGISTRAR OCT 5 - 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Huntington Williams, M.D.		24H. ADDRESS		24I. DATE RECEIVED BY LOCAL REGISTRAR OCT 5 - 1952	

JOHN HOPKINS MEDICAL SCHOOL OCT 3 1952

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52 9102

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9102

BIRTH NO. 52-22428

1. NAME OF DECEASED
(Type or Print)

Baby Girl Harding

2. DATE
OF
DEATH

9/24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-03

D. STREET ADDRESS (If rural, give location)

1626 Harlem Ave

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9/24/52

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

1 2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Maurice Luther Harding

14. MOTHER'S MAIDEN NAME

Alease Dorothy Payne

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother 1626 Harlem Ave. Baltimore

18. 776x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity of infant

1 hr. 2 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Premature labor

4 hrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 9-24, 1952 to 9-24, 1952 that I last saw the
deceased alive on 9-24, 1952, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL OCT 31 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 5 - 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

VS 150

1 7 5 2 0 0 0 0 0 0 7

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1908

1908

1908

1908

Cause of Death

Exhaustion, due to overwork, and
indigestion, due to eating
too much food, and
too much of the wrong kind of food.

Duration of Illness, in days

Place of Residence, at the time of death

Signature of Physician

Attest: I, the undersigned, being a duly qualified physician, and being duly sworn, depose and say that the foregoing is a true and correct statement of the facts and circumstances of the death of the person named above, and that the same was caused by the disease or diseases stated above.

Subscribed and sworn to before me this _____ day of _____, 1908.

Attest: I, the undersigned, being a duly qualified physician, and being duly sworn, depose and say that the foregoing is a true and correct statement of the facts and circumstances of the death of the person named above, and that the same was caused by the disease or diseases stated above.

Attest: I, the undersigned, being a duly qualified physician, and being duly sworn, depose and say that the foregoing is a true and correct statement of the facts and circumstances of the death of the person named above, and that the same was caused by the disease or diseases stated above.

Attest: I, the undersigned, being a duly qualified physician, and being duly sworn, depose and say that the foregoing is a true and correct statement of the facts and circumstances of the death of the person named above, and that the same was caused by the disease or diseases stated above.

652
52 9103BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9103

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOUISE SORENSEN			2. DATE OF DEATH Oct 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 133 N Potomac St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 150			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maryland 6-01		
5. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 133 N. Potomac Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 11, 1895		9. AGE (In years last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Harry C. Livingston		
14. MOTHER'S MAIDEN NAME Mary Bellman			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. None			17. INFORMANT Mrs. Doris Lebrun		
18. ADDRESS 133 N. Potomac St			19. ADDRESS		

18. 203X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) multiple myeloma CAUSE OF DEATH generalized metastases malnutrition		INTERVAL BETWEEN ONSET AND DEATH 9 months 1 yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb**, 19**52** to **Oct 2**, 19**52**, that I last saw the deceased alive on **Oct 2, 1952** and that death occurred at **5 P** m., from the causes and on the date stated above.

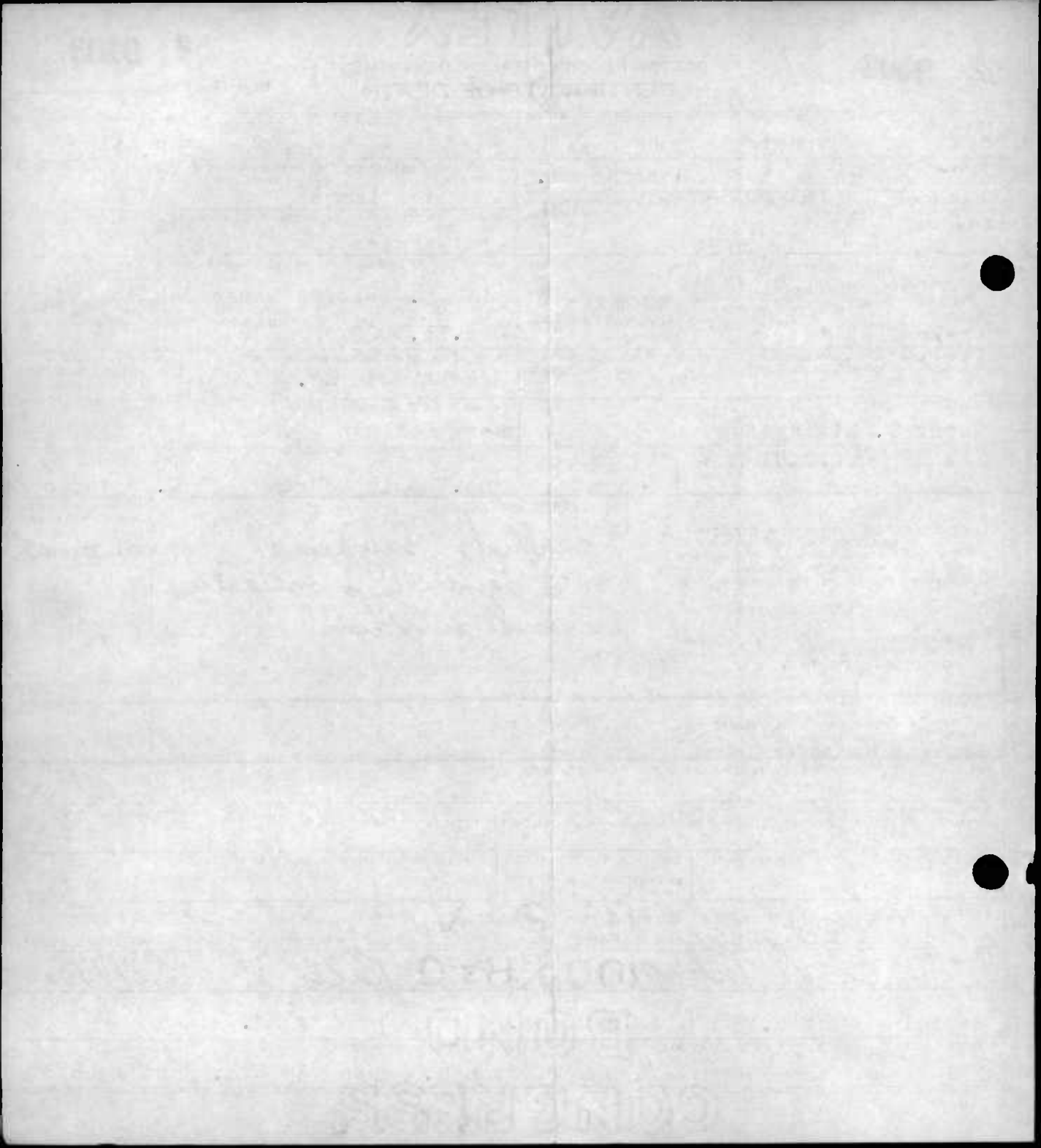
23A. SIGNATURE Benton V. Lock MD		23B. ADDRESS 2936 E Balto St		23C. DATE SIGNED 10/4/52	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct 6, 1952	24C. NAME OF CEMETERY OR CREMATORY Oaklawn Cem.	24D. LOCATION (City, town, or county) (State) Balto Md.
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DATE RECEIVED BY LOCAL REGISTRAR OCT 5 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John A. Moran	ADDRESS 3000 E. Baltimore St
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VS 150

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CERTIFICATE OF DEATH

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52 9105

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9105

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM H. MILES

2. DATE
OF
DEATH

Oct. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

69 Upmanor Rd.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

69 Upmanor Rd.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

June 18, 1886

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

foreman

10B. KIND OF BUSINESS OR
INDUSTRY
Copper works

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Miles

14. MOTHER'S MAIDEN NAME

-- Mollie Bowman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mamie E. Miles - 69 Upmanor Rd.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Pulmonary Tuberculosis
DUE TO

1 Year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cardiovascular Complications

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Sept 1, 1952 to Oct 3, 1952 that I last saw the
deceased alive on Oct 3, 1952, and that death occurred at 12 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, or other (Specify)

Burial

24B. DATE

10/6/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

1952 52336 100

Bath 17, Md.

STATE OF TEXAS
DEPARTMENT OF HEALTH

CAUSE OF DEATH

1. *Ischemic heart disease*
2. *Myocardial infarction*
3. *Coronary artery disease*
4. *Arteriosclerosis*
5. *Hypertension*
6. *Diabetes mellitus*
7. *Chronic kidney disease*
8. *Chronic liver disease*
9. *Chronic obstructive pulmonary disease*
10. *Asthma*
11. *Copd*
12. *Emphysema*
13. *Chronic bronchitis*
14. *Acute myocardial infarction*
15. *Acute coronary syndrome*
16. *Acute coronary ischemia*
17. *Acute coronary thrombosis*
18. *Acute coronary occlusion*
19. *Acute coronary stenosis*
20. *Acute coronary aneurysm*
21. *Acute coronary dissection*
22. *Acute coronary rupture*
23. *Acute coronary perforation*
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99. *Acute coronary perforation*
100. *Acute coronary perforation*

529
52 9106BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9106
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) H. FRANK RUNKLE			2. DATE OF DEATH Oct. 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore Gen. Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 51			D. STREET ADDRESS (If rural, give location) 2602 Gwynndale Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept. 19, 1900	9. AGE (In years last birthday) 52	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee Insurance Dept.			11. BIRTHPLACE (State or foreign country) Virginia		
10B. KIND OF BUSINESS OR INDUSTRY Govt.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Marsellus W. Runkle			14. MOTHER'S MAIDEN NAME Edith Mc Mulher Virginia		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service) nons			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Minnie Runkle - 2602 Gwynndale Ave.			ADDRESS		

18. 204.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myelogenous leukemia (A) DUE TO	CAUSE OF DEATH Myelogenous leukemia (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 3 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9-4 , 19 52 to 10-4 , 19 52 , that I last saw the deceased alive on Oct. 3 , 19 52 , and that death occurred at 2:20 A.M. , from the causes and on the date stated above.		
23A. SIGNATURE M. Conway	23B. ADDRESS 800 Balto East 1000	23C. DATE SIGNED 10/4/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 10/6/52	24C. NAME OF CEMETERY OR CREMATORY Sault St. Marie Michigan	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR OCT 5 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Tichner & Sons	ADDRESS

VS 150

569091091 Balto 17, Md

AMERICAN
CONGRESSIONAL
DIRECTOR

215
52 9107BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9107
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Joseph H. MacGubbin (Mc Gubbin)</i>			2. DATE OF DEATH <i>Oct. 4, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>815 E. Chase</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>		
Length of stay in Baltimore <i>55</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>815 E. Chase St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec. 14, 1897</i>	9. AGE (In years last birthday) <i>55 yrs.</i>	If Under 1 Year Months Days Hours Min. <i>9 20</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Train Operator</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>William J. MacGubbin</i>			14. MOTHER'S MAIDEN NAME <i>Isabell Mullen</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>yes</i>		16. SOCIAL SECURITY NO. <i>World war I</i>	17. INFORMANT ADDRESS <i>Mrs. Mary J. Kusan 815 E. Chase St.</i>		

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Acute Coronary Infarction*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Degenerative CardioVascular Disease*
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION *10/3*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *10/2*, 1952, to *10/3*, 1952, that I last saw the deceased alive on *10/3*, 1952, and that death occurred at *7A* a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 5 - 1952

*Huntington Williams, M.D.**Charles W. Conklin 924 E. Eager St.*

10-9-57

RECEIVED - 10-9-57

CENTRAL INTELLIGENCE AGENCY

10-9-57
10-9-57

145
52 9108BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9108
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Matthew Devlin

2. DATE
OF
DEATH

Sep. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

33

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

14. MOTHER'S MAIDEN NAME

17. INFORMANT ADDRESS

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

3 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/17, 1952 to 9/24, 1952, that I last saw the deceased alive on 9/24, 1952, and that death occurred at 1:05 A. M., from the causes and on the date stated above.

23A. SIGNATURE

George A. Edwards

M. D.

23B. ADDRESS

Johns Hopkins Hospital

23C. DATE SIGNED

9-27-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL SEP 30 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

VS 150

State Anatomical

9520009103

MEDICAL CERTIFICATION

55 2108

WATSON'S CITY, OKLA., DISTRICT OF COLUMBIA

CERTIFICATE OF DEATH

NAME OF DECEASED <i>Charles Thompson</i>		DATE OF DEATH <i>May 15, 1918</i>	
AGE <i>35</i>		SEX <i>Male</i>	
RACE <i>White</i>		BIRTHPLACE <i>Missouri</i>	
OCCUPATION <i>Farmer</i>		CAUSE OF DEATH <i>Heart Disease</i>	
PLACE OF DEATH <i>Home</i>		MANNER OF DEATH <i>Natural</i>	
SIGNATURE OF DECEASED <i>Charles Thompson</i>		SIGNATURE OF WITNESS <i>John Smith</i>	
SIGNATURE OF PHYSICIAN <i>Dr. J. B. Jones</i>		SIGNATURE OF CLERK <i>W. H. Brown</i>	
DATE <i>May 15, 1918</i>		TIME <i>10:00 AM</i>	
PLACE <i>Watson's City, Okla.</i>		COUNTY <i>Adair</i>	
STATE <i>Oklahoma</i>		FEDERAL BUREAU OF INVESTIGATION <i>U.S. Department of Justice</i>	

410
52 9109

50 REA-162776

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHIma.
52 Registered No.

9109

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Laurence Mullevey (Mulleney)

2. DATE
OF
DEATH

Sept. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

4940 Eastern Avenue

c. Length of stay in Baltimore

40 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 1 1898

9. AGE (In years
last birthday)

94

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 493X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-4, 1952, to 9-8, 1952, that I last saw the
deceased alive on 9-8, 1952, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

9.27.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

UNIVERSITY MEDICAL SCHOOL

24D. LOCATION (City, town, or county)

OCT 1 1952

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Huntington Williams, M.D.

ADDRESS

OCT 5 - 1952

VS 150

8520009104

CERTIFICATE OF DEATH

STATE OF MICHIGAN

County of _____

City of _____

State of _____

Decedent's Name _____

Age _____

Sex _____

Marital Status _____

Occupation _____

Place of Birth _____

Date of Birth _____

Signature _____

Date _____

Witness Signature _____

Signature _____

Date _____

Signature _____

1/2

52 9110

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9110

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANTHONY SAKIEVICH (SAKIE)

2. DATE
OF
DEATH

OCT. 2, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

818 W. Lombard ST.

Yrs.
Mon.
Days

Length of stay in Baltimore

65

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTIMORE

d. STREET ADDRESS (If rural, give location)

818 W. Lombard ST.

8. DATE OF BIRTH

JUNE 3, 1962

9. AGE (in years last birthday)

90

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TAILOR - RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

COAT-MAKER

11. BIRTHPLACE (State or foreign country)

LITHUANIAN

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

VINCENT SAKIEVICH

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

GEORGE SAKIEVICH 818 W. Lombard ST.

ADDRESS

CAUSE OF DEATH

18. 446x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Nephrosclerosis

DUE TO

(C)

Arteriosclerosis generalized

7

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4-4, 1952, to 10-2, 1952, that I last saw the deceased alive on 10-1, 1952, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE

John P. Unbeck, Jr.

23b. ADDRESS

1227 Wash. Blvd

23c. DATE SIGNED

10-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

OCT. 6, 1952

24c. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24d. LOCATION (City, town, or county) (State)

BELAIR RD. BALTO. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Chas. W. Tachanaskas

OCT 5 - 1952

VS 150

19520009105

[Faint, illegible text, likely bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.]

52 9111

ROGERS BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 9111

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Rogers

2. DATE
OF
DEATH

September 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

11-82

D. STREET ADDRESS (If rural, give location)

St. James Hotel Centre St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12-20-95

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Iowa

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Rogers

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS

JOHNS HOPKINS HOSPITAL

18. 022X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Massive Gastro-Intestinal
Hemorrhage

1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Rupture of aortic aneurysm
into esophagus
Syphilitic aortitis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from 9-25, 1952, to 9-26, 1952, that I last saw the
deceased alive on 9-26, 1952, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

22A. SIGNATURE

Lawrence E. Shulman

M. O.

22B. ADDRESS

JOHNS HOPKINS HOSPITAL

22C. DATE SIGNED

Oct. 2, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL OCT 3 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

VS 150

State Anatomical 09106

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

RAIMOND ATTNEY, DEPARTMENT

CAUSE OF DEATH

Myocardial infarction
Hypertension

History of atherosclerosis
in the coronary arteries

Age 65

Signature of Doctor

100

52 9112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9112

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John B. Hinkel

2. DATE
OF
DEATH

10-3-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1414 McHenry St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md B. COUNTY 19-03

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORED. STREET ADDRESS (If rural: give location)
1414 McHenry St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4-17-1896? 56?

9. AGE (In years last birthday) Under 1 Year Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work during most of working life, or if retired)

Boiler Maker

10B. KIND OF BUSINESS OR INDUSTRY

B.O.R.R.

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Louis Hinkel

14. MOTHER'S MAIDEN NAME

Lodona Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No or unknown) (If yes, give year or dates of service)

YES W.W. 1

16. SOCIAL
SECURITY NO.

17. INFORMANT

LUELLA E. HINKEL McHenry St

CAUSE OF DEATH

18. 416x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic Heart Disease, Advanced

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Years

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 1952, to 10/3, 1952, that I last saw the deceased alive on Sept 30, 1952, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman M.D.

23B. ADDRESS

206 S. Gilman

23C. DATE SIGNED

10/4/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10-7-1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Harbor

24D. LOCATION (City, town or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. H. C. & B. M. Walters

ADDRESS

1111 E. Street

VS 150

19503500

1111 E. Street

9110 82

9110 82



52 9113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9113
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERTHA E. BISHOP

2. DATE
OF
DEATH Oct. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4225 Stanwood Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-02

D. STREET ADDRESS (If rural, give location)

4225 Stanwood Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Oct. 5, 1895

9. AGE (In years
last birthday)

56

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
at home10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Baltimore, Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Link

14. MOTHER'S MAIDEN NAME

Theresa Trenner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
215-16-6028

17. INFORMANT

ADDRESS

Mr. S. Roland Bishop, 4225 Stanwood

18. 171X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma Cervix Uteri.
Generalized Metastasis.

ANTECEDENT CAUSES

(B) DUE TO
(C)DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from June, 1952, 10/3, 1952, that I last saw the
deceased alive on 10/2, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/6/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24F. FUNERAL DIRECTOR

ADDRESS

OCT 6 - 1952

Huntington Williams, M.D.

Leonard J. Ruck, 5305 Harford Road.

Dr. Stevens
3400 Edman Ave.

52 9114

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 9114

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAUL FRANK

2. DATE
OF
DEATH

10-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md 6-03

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

44 No Patterson Park Ave Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

44 No Patterson Park Ave

Length of stay in Baltimore

50 Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years
last birthday)

64

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

Grocer

11. BIRTHPLACE (State or foreign country)

Kansas

12. CITIZEN OF
WHAT COUNTRY?

U.S.G.

13. FATHER'S NAME

John

(P)

14. MOTHER'S MAIDEN NAME

Rebecca

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edith Frank - same

18. 350X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Parkinson's Disease

15 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

arteriosclerotic Cardiovascular Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 7-4-52, 19, to 10-4-, 1952, that I last saw the
deceased alive on 10-3-52, 19, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John Constantini

M. D.

23B. ADDRESS

234 S. Conkling Street

23C. DATE SIGNED

10-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10-6-52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis 2100 Eutan Rd

2506A 009109

1118 S

CEMENT WORK ON DEATH

1118 S



655
52 9115BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9115

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM IKE FURMAN

2. DATE
OF
DEATH

10-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

629 Mc Cabe Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore 27-10

D. STREET ADDRESS (If rural, give location)

629 Mc Cabe Ave

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

62

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Advertising Business

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Louis

14. MOTHER'S MAIDEN NAME

Etta

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

218-03-1866

17. INFORMANT

ADDRESS

Laura Furman - Home

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Subarachnoid Hemorrhage

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) General Arteriosclerosis

DUE TO

10 years

(C) Diabetes mellitus

DUE TO

10 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 7/1 1940 to 10/3 1952, that I last saw the
deceased alive on 10/3 1952, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Hunter

M. D.

23B. ADDRESS

2320 Eutan Rd

23C. DATE SIGNED

10/14/52

24A. BURIAL, CREMA-
TION/REMOVAL (Specify)

24B. DATE

10-6-52

24C. NAME OF CEMETERY OR CREMATORY

Balds Helvid

24D. LOCATION (City, town, or county)

Balds.

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 6 - 1952

Huntington Williams, M.D. J. J. Hunter - 2100 Eutan Pl.

Zucheng

52 9116

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9116
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) PHILIP GOLDSTEIN		2. DATE OF DEATH 10-3-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 15-37	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE Life		D. STREET ADDRESS (If rural, give location) 3102 Mondawmin Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Joseph		14. MOTHER'S MAIDEN NAME Lena	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Lena Goldstein		ADDRESS - Same	

18. 420.1 and 180X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary Thrombosis		5 minutes	
ANTECEDENT CAUSES		(B) Arterio-sclerosis		4 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Hypertension		4 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Hypertrophied Removal of kidney		1941	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1936 to September 3, 1952** that I last saw the deceased alive on **Sept 10, 1952** and that death occurred at **114** m., from the causes and on the date stated above.

23A. SIGNATURE Jack Lewin		23B. ADDRESS 1804 Eutan Place		23C. DATE SIGNED 10/3/52	
M. D.					

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-6-52		24C. NAME OF CEMETERY OR CREMATORY Herring Run		24D. LOCATION (City, town, or county) (State) Balto, Md	
DATE RECEIVED BY LOCAL REGISTRAR OCT 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Jack Lewin		ADDRESS 2100 Eutan Rd	

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452
52 9117BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9117

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Beatrice Williams</i>			2. DATE OF DEATH <i>10/3/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>BALTIMORE</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>BALTIMORE</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>		
D. STREET ADDRESS (If rural, give location) <i>1021 ARGYLE AVE</i>			E. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>17-02</i>		
5. SEX <i>F</i>			6. COLOR OR RACE <i>NEGO</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>			8. DATE OF BIRTH <i>9-19-1935</i>		
9. AGE (In years last birthday) <i>17</i>			10. UNDER 1 Year Months: Days: <i>13</i>		
11. BIRTHPLACE (State or foreign country) <i>HENDERSON, N. C.</i>			12. CITIZEN OF WHAT COUNTRY? <i>N. C.</i>		
13. FATHER'S NAME <i>EMMETT BASKERVILLE, N. C.</i>			14. MOTHER'S MAIDEN NAME <i>FANNIE DURHAM, N. C.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>			16. SOCIAL SECURITY NO. <i>1021</i>		
17. INFORMANT <i>FANNIE DURHAM, ARGYLE, AVE.</i>			18. ADDRESS <i>1021 ARGYLE, AVE.</i>		

18. <i>2001</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cachexia & Malnutrition</i>		CAUSE OF DEATH <i>Lymphoma, probably lymphosarcoma</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>LYMPHOMA</i>		(A) DUE TO (B) DUE TO (C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>10/1/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>600 M.</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <i>10/1/52 19:00</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *10/1/52* 19*52*, to *10/3/52* 19*52*, that I last saw the deceased alive on *10/1*, 19*52* and that death occurred at *6:00* A. M., from the causes and on the date stated above.

23A. SIGNATURE <i>W. H. Williams</i>		M. D. <i>10/2/52</i>		23B. ADDRESS <i>University Hosp.</i>		23C. DATE SIGNED <i>10/2/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>10-7-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>W. T. AUBURN-CEM</i>		24D. LOCATION (City, town, or county) (State) <i>BALTIMORE, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 6 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>WILLIAM A JACKSON</i>		ADDRESS <i>916 PENNA. AVE.</i>	

CENTRAL BANK OF INDIA

1941

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-610

52 9118

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9118

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles A. Gripp (CHARLES A. GRIPP)

2. DATE
OF DEATH

10-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 26-03

D. STREET ADDRESS (If rural, give location)

3042 Chesterfield Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

12-6-85

9. AGE (In years
last birthday)

66 yrs.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shipping Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Bed Manfg. Co.

11. BIRTHPLACE (State or foreign country)

BALTO.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

CHARLES GRIPP

14. MOTHER'S MAIDEN NAME

ANNA TARAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

215-09-0179

17. INFORMANT

Mrs. Amelia Gripp

18. 541.1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) acute peritonitis	40 hr	
ANTECEDENT CAUSES	(B) perforated duodenal ulcer		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-1-52	Cataract excision	YES <input checked="" type="checkbox"/> ND <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sept 30, 1952 to Oct 3, 1952, that I last saw the deceased alive on Oct 3, 1952, and that death occurred at 449 p.m., from the causes and on the date stated above.		
22A. SIGNATURE	22B. ADDRESS	22C. DATE SIGNED
[Signature]	Bon Secours Hospital	10-3-52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
Burial	10/7/52	Oak Lawn Cemetery
		24D. LOCATION (City, town, or county) (State)
		Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S ADDRESS
OCT 6 - 1952	Huntington Williams, M.D.	HENRY SANDER & SONS, INC., BALTO., 13, MD.

VS 150

5 2302 339 113

MEDICAL CERTIFICATION

Sander - Eastern 1256

L 118

52 9119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9119

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK DILL FELDER

2. DATE
OF
DEATH

Oct 2 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Mercy Hosp

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland B. COUNTY Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 1-01

D. STREET ADDRESS (If rural, give location)

2923 Dillon St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

Yrs.
Mos.
Days

8. DATE OF BIRTH

June 8, 1883

9. AGE (In years last birthday)

64 yrs

If Under 1 Year
Month: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hauling

10B. KIND OF BUSINESS OR INDUSTRY

Own contract

11. BIRTHPLACE (State or foreign country)

Balto. Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George Dillfelder

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT 2923 Dillon Street 24
Mrs. Elizabeth Dillfelder

18. 332X

CAUSE OF DEATH.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)Cerebral Embolism c Rt Hemiplegia
(A) + Hypostatic Pneumonia

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Sept 12 1952

19B. MAJOR FINDINGS OF OPERATION

Total lobectomy + decortomy for multiple

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1952 to Oct 2, 1952 that I last saw the deceased alive on Oct 2, 1952 and that death occurred at 3:30 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Leonard G. Hamkeny M. D.

23B. ADDRESS

Mercy Hosp Balto

23C. DATE SIGNED

10-2-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/6/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO. 13, MD.

OCT 6 - 1952

VS 150

568352 9 1

Seal of Board

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52 9120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9120
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH W. SAY

2. DATE
OF
DEATH

October 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1904 Summit Avenue

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED, (Specify)

Married

8. DATE OF BIRTH

Jan. 4 - 1888

9. AGE (in years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Retired Policeman

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Say

14. MOTHER'S MAIDEN NAME

Katherine H. Prity

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war & dates of service)

Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lillian H. Say 1904 Summit Ave. Balto. Md.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Oct. 3, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Baltimore City Health Department

Huntington Williams, M.D.

John H. Miller

2334 Jefferson St.

0819

82

0819

82



52 9121

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9121

1. NAME OF DECEASED
(Type or Print)

Max Lahner

2. DATE
OF
DEATH

10/5/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

42 Sinei Hosp

Yrs.
Mos.
Days

Length of stay in Baltimore

4. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 22 1896

9. AGE (in years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk Federal Yeast Co

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Lahner

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Virgie Lahner 1610 N. Port St

18. 203X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Plasma Cell Myeloma

6 mos.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/22/52, to 10/5, 1952, that I last saw the
deceased alive on 10/5, 1952 and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Daniel Bakal

M. D.

23b. ADDRESS

Sinei Hosp.

23c. DATE SIGNED

10/5/52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)DATE RECEIVED BY
LOCAL REGISTRAR

24b. DATE

Oct 8 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

24c. NAME OF CEMETERY OR CREMATORY

Balto National Frederick Rd

24d. LOCATION (City, town, or county)

(State)

25. FUNERAL DIRECTOR

ADDRESS

1703 N Patterson

Park Ave

VS 150

OCT 6 - 1952

39047

1810 Co.

HEATH & SONS

1810

620

52 9122

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9122
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie Brooks

2. DATE
OF
DEATH

October 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Fred. Osler 4

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

6-05

D. STREET ADDRESS (If rural, give location)

1518 May Ct.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12-2-00

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Raleigh N.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Williams

14. MOTHER'S MAIDEN NAME

Mary Donaldson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Sub Arachnoid Hemorrhage

6 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive arteriosclerotic
cardiovascular diseaseat least
10 yrsII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2, 1952, to 10-2, 1952, that I last saw the
deceased alive on 10-2, 1952, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED
10/3/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Oct. 6/52

Mt. Calvary Am. A. A. County

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 6 - 1952

Huntington Williams, M.D. M. J. McElroy, A. Ellisor, Daughter

1129 N. Caroline St.

DEPARTMENT OF HEALTH

BALTIMORE CITY HEALTH DEPARTMENT

REPORT OF DEATH

NAME OF DECEASED: *John William*

AGE: *45*

SEX: *Male*

RACE: *White*

DATE OF DEATH: *10/15/52*

PLACE OF DEATH: *Home*

CAUSE OF DEATH: *Heart Disease*

REPORTED BY: *John William*

DATE OF BIRTH: *10/15/07*

PLACE OF BIRTH: *Baltimore, Md.*

EDUCATION: *High School*

OCCUPATION: *Teacher*

RELIGION: *Catholic*

PREVIOUS ILLNESS: *None*

SMOKING HABIT: *None*

ALCOHOLIC DRINKING HABIT: *None*

DATE OF INTERVIEW: *10/16/52*

INTERVIEWER: *John William*

SIGNATURE OF REPORTER: *John William*

DATE: *10/16/52*

PLACE: *Baltimore, Md.*

530
52 9123BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9123
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Minnie Smith</i>		2. DATE OF DEATH <i>Oct 7-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2505 N. Howard</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Balto Md.</i> B. COUNTY <i>Ind.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Ind.</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2505 N. Howard St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Feb 2-1895</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>57</i>
11. BIRTHPLACE (State or foreign country) <i>Howard Co Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME <i>Emmie Green</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Carrie Parker</i>		ADDRESS <i>2234 W. 24th</i>	

18. *480X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

*1 hr**5 hr*19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug 12, 1952* to *Oct 7, 1952*, that I last saw the deceased alive on *Oct 2, 1952* and that death occurred at *8:30* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR
OCT 6 - 1952

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

420
52 9124BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9124

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) McKinley Samuel Wallace			2. DATE OF DEATH 10-4-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 520 N. Gilmore Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
D. STREET ADDRESS (If rural, give location) 520 N. Gilmore Street			E. LENGTH OF STAY IN BALTIMORE 43 Yrs. 43 Days		
5. SEX MALE	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov. 7, 1896	9. AGE (In years last birthday) 55 yr.	10. Under 1 Year Months 10 Days 25
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME SAMUEL WALLACE			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes World War I			16. SOCIAL SECURITY NO. 24810-3699		
11. BIRTHPLACE (State or foreign country) Princess Ann, Md.			14. MOTHER'S MAIDEN NAME SARAH Barrells		
17. INFORMANT ESSIE WALLACE, 520 N. Gilmore St.			ADDRESS		

18. 490x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bilateral Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH Week
(A) DUE TO		
(B) ANTECEDENT CAUSES		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 29, 1952**, to **10-4, 1952**, that I last saw the deceased alive on **10-4, 1952**, and that death occurred at **12:20 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE
Richard H. Hunt M.D.

23B. ADDRESS
1631 W. Pauline St.

23C. DATE SIGNED
10-6-52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
Oct. 8-52

24C. NAME OF CEMETERY OR CREMATORY
Balto. National

24D. LOCATION (City, town, or county) (State)
Balto

DATE RECEIVED BY LOCAL REGISTRAR
OCT 6 - 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
James A. Hayes

ADDRESS
638 N. Gilmore St.

1912

1912

THE UNIVERSITY OF CHICAGO

LIBRARY

1912

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1912

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9125**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE M. KELLEY

2. DATE OF DEATH **Oct. 4, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **2850 Kentucky Ave.**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
2850 Kentucky Ave.

C. Length of stay in Baltimore
Yrs. Mos. Days

5. SEX
female

6. COLOR OR RACE
white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH
Apr. 4, 1873

9. AGE (In years last birthday)
79

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. A. Wheeler

14. MOTHER'S MAIDEN NAME

Letitia McLaughlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
no

17. INFORMANT ADDRESS
Mr. Wm. J. Kelley - 2850 Kentucky Ave.

18. **420.1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/4/52**, 19**52**, to **10/4/52**, 19**52**, that I last saw the deceased alive on **10/4/52**, 19**52**, and that death occurred at **11** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/6/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

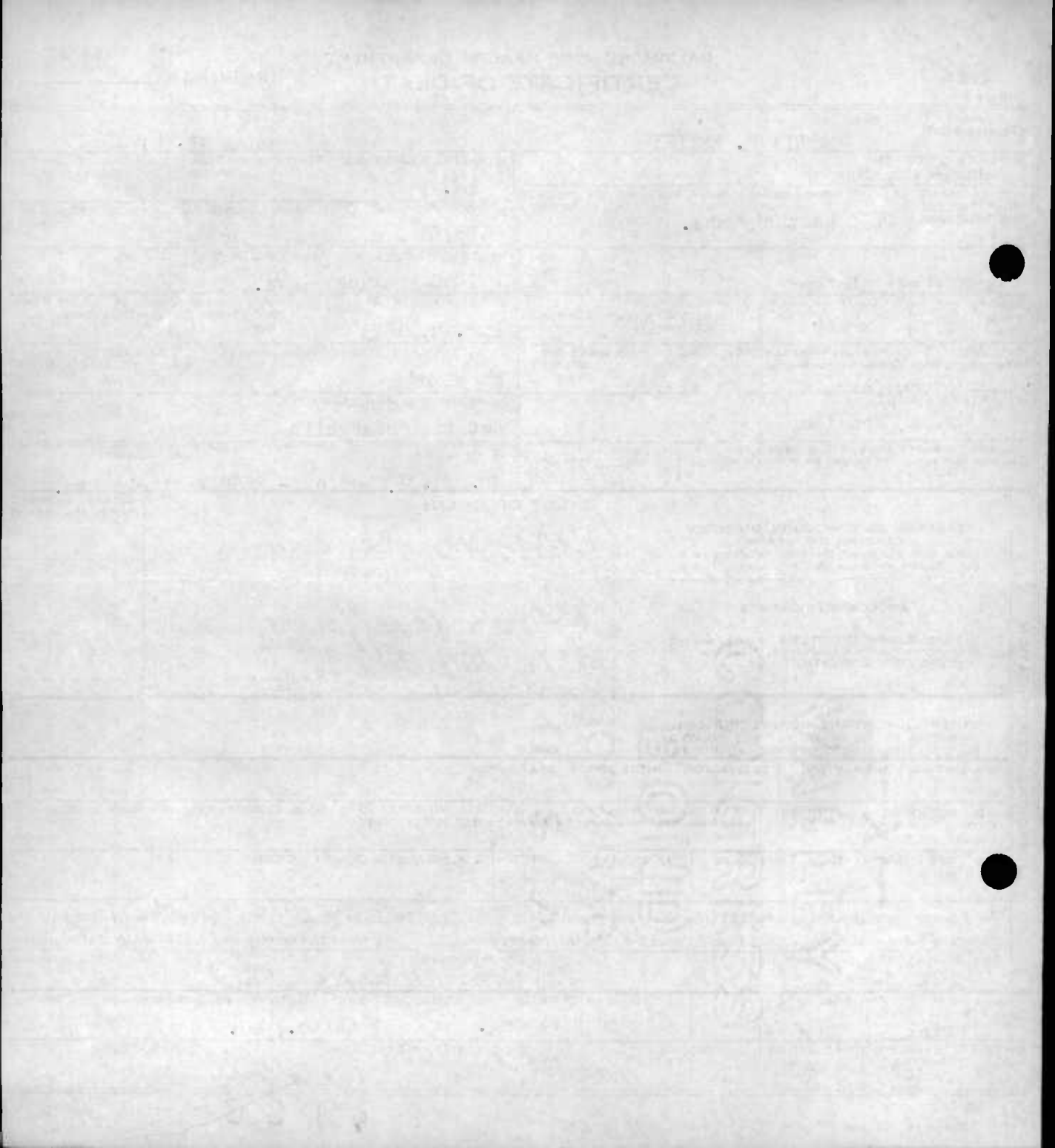
25. FUNERAL DIRECTOR

Wm. J. Tischer & Sons

ADDRESS

Found dead on floor 10/4/52 20009 Balto 17, Md.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9126**

BIRTH NO. **52 9126**

1. NAME OF DECEASED
(Type or Print)

Alice Graham

2. DATE
OF
DEATH

Oct. 5 '1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hosp.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

13. FATHER'S NAME

William Graham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2212 Mayfield Ave.

8. DATE OF BIRTH

Dec. 29 '1861

9. AGE (In years, last birthday)

90

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

American

14. MOTHER'S MAIDEN NAME

Ann Reese

17. INFORMANT

ADDRESS

Miss Grace Graham - 2212 Mayfield Ave.

18. *451X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic cardiovascular

DUE TO

disease & cardiac decompensation

(B)

aneurysm of abd. aorta

DUE TO

(C)

Acute gastro-enteritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Oct 5, 1952* to *Oct 5, 1952*, that I last saw the deceased alive on *Oct. 5, 1952*, and that death occurred at *2:00 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

See-jun Lin

M. O.

23B. ADDRESS

Md. General Hosp.

23C. DATE SIGNED

Oct. 5 '1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/8/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Vickers & Sons

ADDRESS

Balto. 17, Md.

VS 150

195202091

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

2019

5

THE TOWNSHIP OF ...

CERTIFICATE OF ...

12



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9127

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert C.

HERD

2. DATE
OF
DEATH

October 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

206 E. Redwood St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Sparks

D. STREET ADDRESS (If rural, give location)

Waterfoot Farms

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Mar. 8, 1887

9. AGE (In years
last birthday)

65

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

President

10B. KIND OF BUSINESS OR
INDUSTRY

Steamship Agts.

11. BIRTHPLACE (State or foreign country)

Scotland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert C Herd

14. MOTHER'S MAIDEN NAME

Christine Leishman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Robert E. Herd - Mercantile Trust Bldg.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

5 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary Arteriosclerosis

6 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from June 19, 1952, to Oct. 3, 1952, that I last saw the deceased alive on Oct. 1, 1952, and that death occurred at 8 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Manner C. Parterfield

23B. ADDRESS

Danvers, Md.

23C. DATE SIGNED

10-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/6/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

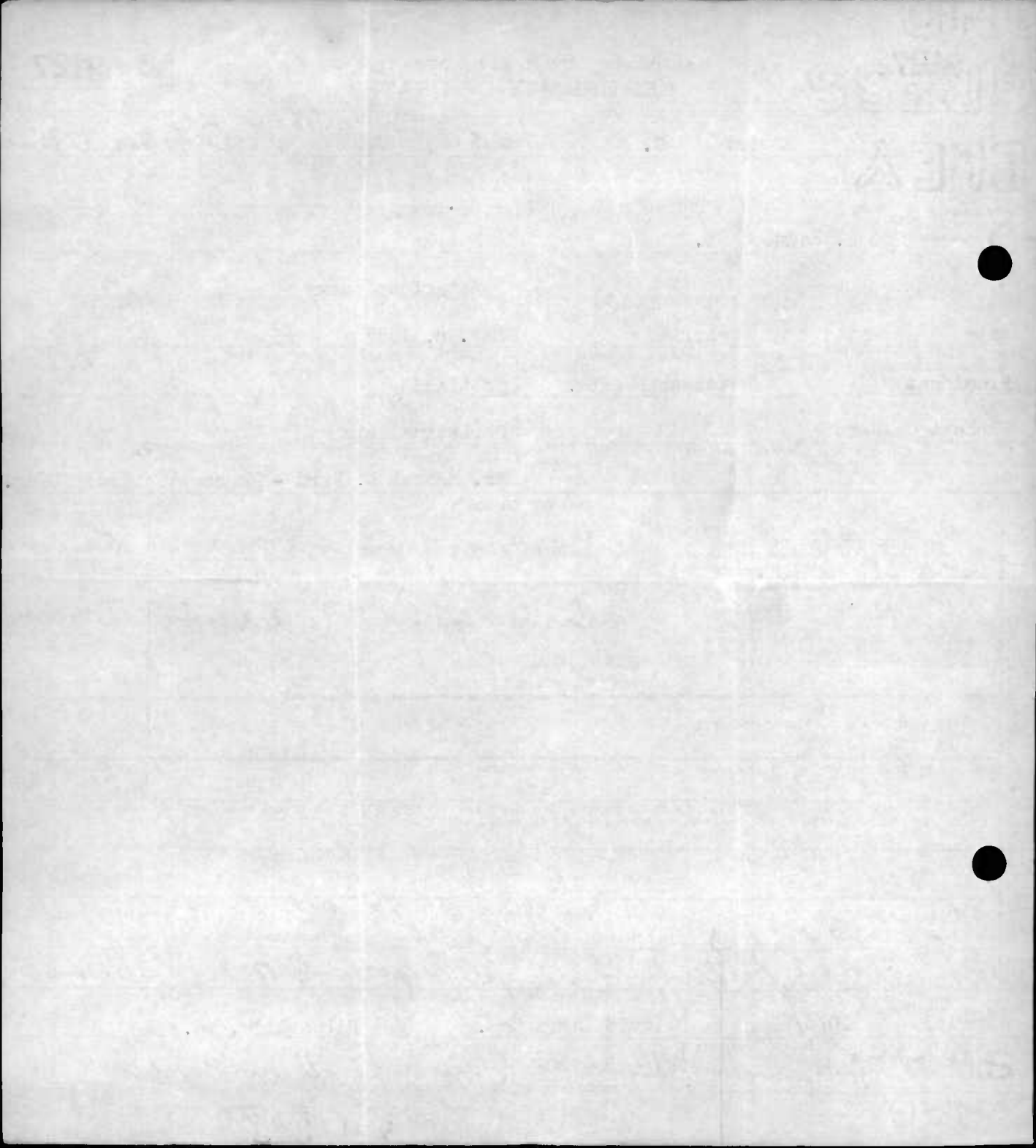
REGISTRAR'S SIGNATURE

OCT 6 - 1952 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tucker & Sons

ADDRESS



550
52 9128

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9128
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Elizabeth Lowman.

2. DATE
OF
DEATH

10/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland Gen. Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

wh.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
M.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Gus Clark.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Arbutus

5351

D. STREET ADDRESS (If rural, give location)

5516 Willys Ave #27

8. DATE OF BIRTH

Oct. 18, 1881

9. AGE (In years last birthday)

70

H Under 1 Year
Months: Days

H Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

Arbutus, Md.
Mrs. Earl Bitzer - 5516 Willys Ave.

18. 155X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Gall Bladder
with metastasis to liver

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardio Vascular disease.

years.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/4/52.

19B. MAJOR FINDINGS OF OPERATION

Cc of Gall Bladder & Metastasis to Liver

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/30, 1952, to 10/5, 1952, that I last saw the deceased alive on 10/5, 1952, and that death occurred at 6:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/8/52

24C. NAME OF CEMETERY OR CREMATORY

Friendship Cem.

24D. LOCATION (City, town, or county) (State)

A. A. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 6 - 1952

Huntington Williams, M.D.

Wm. J. Pickner & Sons

1952000912

Balto 17, Md.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

320
52 9129BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9129
Registered No.

BIRTH NO.

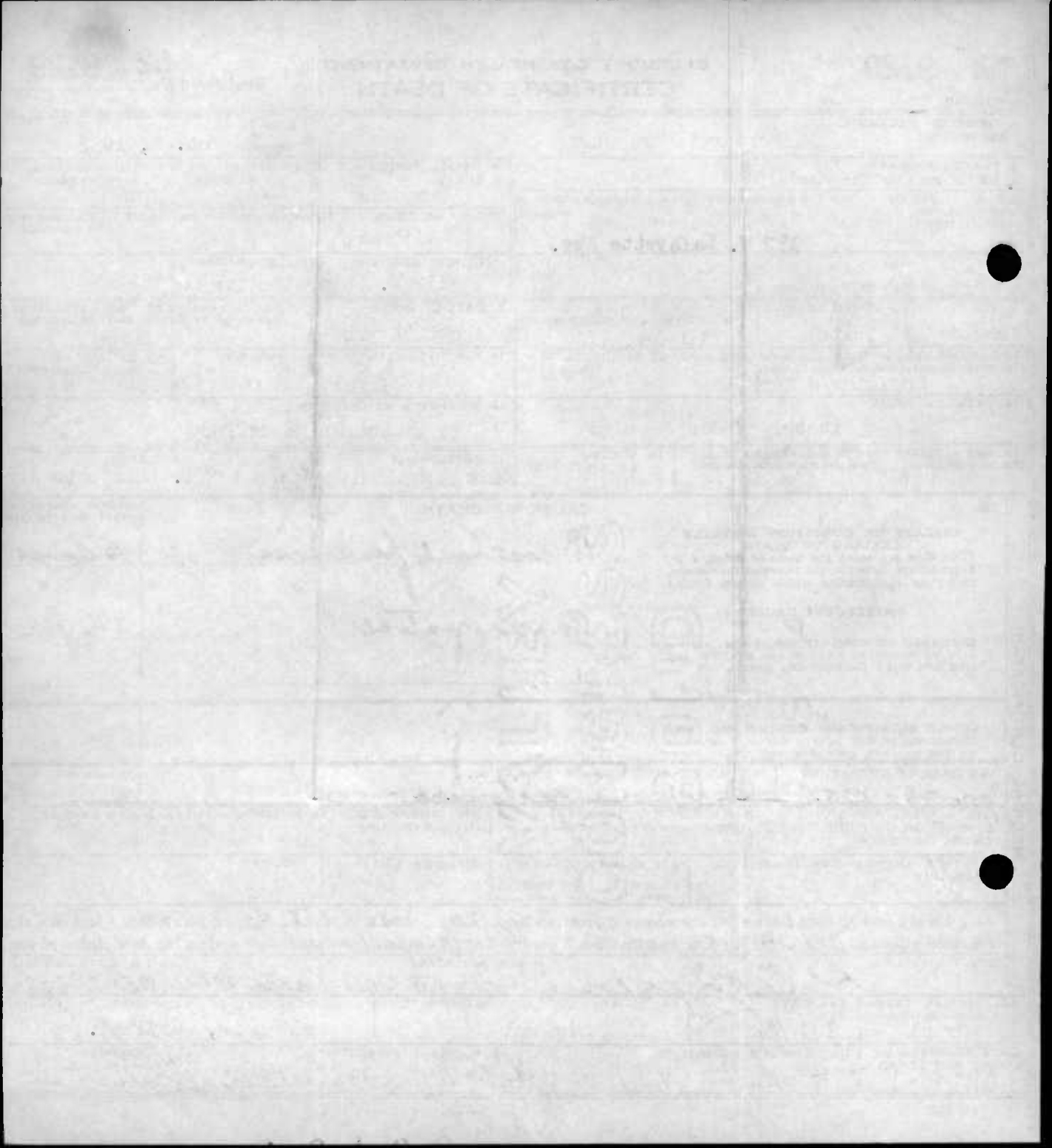
1. NAME OF DECEASED (Type or Print)		Margaret Mary Judge		2. DATE OF DEATH Oct. 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 50 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 132 W. Lafayette Ave			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH About 74 yrs	9. AGE (In years last birthday) Months: Days	10. Under 1 Year Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ireland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Michael Judge			
14. MOTHER'S MAIDEN NAME Catherine Gaffney		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Miss Mary Louise Judge 132 W. Lafayette Ave			

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Bacterial pneumonia DUE TO Antecedent Causes Carcinomatosis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH 3 days 1 1/2 years
--	---

19A. DATE OF OPERATION Jan. 25 - 1951	19B. MAJOR FINDINGS OF OPERATION Carcinoma of stomach	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 20, 1952 to Oct. 4, 1952, that I last saw the deceased alive on Oct. 4, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE R. L. Byers	23B. ADDRESS West North Apt. Bldg. 1 Me	23C. DATE SIGNED Oct 6 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/7/52	24C. NAME OF CEMETERY OR CREMATORY Cathedral
24D. LOCATION (City, town, or county) Baltimore, Maryland.	24E. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D. 805 N. Calvert St.	



563
52 9130

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9130
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Reinhardt Norman

2. DATE
OF
DEATH

10-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland University Hos p.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

University of Md. Hospital (Acc Room)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MARYLAND

B. COUNTY

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

LANSDOWNE

5351

D. STREET ADDRESS (If rural, give location)

2200 Alletta Ave

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDQWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

7/30/1900 52 yrs

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

GUARD

10B. KIND OF BUSINESS OR
INDUSTRY

WESTINGHOUSE

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

JACOB REINHARDT

RADUS (M)

14. MOTHER'S MAIDEN NAME

MARY LOUISE HUBLITZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

315-22-8552

17. INFORMANT

ADDRESS

ROBERT McCANN LANSDOWNE, MD.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) acute myocardial infarction
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) 2° coronary artery disease
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

No operation

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

No injury

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

No injury

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

No injury

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

No injury

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

No injury

22. I hereby certify that I attended the deceased from 10:30 10/3, 1952, to 10:45 10/3, 1952, that I last saw the
deceased alive on 10/3, 1952, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel W. Deisher M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10/4/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10/7/52

24C. NAME OF CEMETERY OR CREMATORY

MEADOWRIDGE MEMORIAL DORSEY, MD

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1501 CATONSVILLE, MD

OCT 6 - 1952

VS 150

5 7633M 9125

0510

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
CHICAGO, ILLINOIS

0510

Form with multiple horizontal lines for text entry, including fields for name, date, and location. The form is mostly blank with some faint markings.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 9131

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)PETER BILENKI2. DATE
OF
DEATH10-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION1403 DECATUR ST.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)BALTIMORE

D. STREET ADDRESS (If rural, give location)

1403 DECATUR ST.

C. Length of stay in Baltimore

50

5. SEX

M.

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)MARRIED

8. DATE OF BIRTH

6-29-18929. AGE (In years
last birthday)60If Under 1 Year If Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)LABORER10B. KIND OF BUSINESS OR
INDUSTRYRAILROAD

11. BIRTHPLACE (State or foreign country)

AUSTRIA12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

JOHN BILENKI DECEASED

14. MOTHER'S MAIDEN NAME

UNKNOWN15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)NO16. SOCIAL
SECURITY NO.215-10-7665

17. INFORMANT

JOHN BILINKI 1403 DECATUR ST.18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Coronary occlusion
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Coronary artery disease
DUE TO
(C) Arteriosclerosisabout
3 yrs.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15/1952 to 9/17/1952 that I last saw the
deceased alive on 9/27/1952 and that death occurred at 3:45 pm. from the causes and on the date stated above.

23A. SIGNATURE

R. Weinberger

M. D.

23B. ADDRESS

912 Brooks Lane

23C. DATE SIGNED

10/6/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)BURIAL

24B. DATE

10-7-52

24C. NAME OF CEMETERY OR CREMATORY

HOLY CROSS

24D. LOCATION (City, town, or county)

P. A. C. O.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles F. Dill 1501 E. Fort AveOCT 6 - 1952

1012 52

RECEIVED
FEB 10 1952

1012 52

1. NAME OF DECEASED		2. DATE OF DEATH	
3. PLACE OF DEATH		4. CAUSE OF DEATH	
5. SEX		6. AGE	
7. OCCUPATION		8. MARITAL STATUS	
9. RELIGION		10. EDUCATION	
11. SOCIAL SECURITY NUMBER		12. SIGNATURE OF DECEASED	
13. SIGNATURE OF WITNESS		14. SIGNATURE OF DECEASED	
15. SIGNATURE OF WITNESS		16. SIGNATURE OF DECEASED	
17. SIGNATURE OF WITNESS		18. SIGNATURE OF DECEASED	
19. SIGNATURE OF WITNESS		20. SIGNATURE OF DECEASED	
21. SIGNATURE OF WITNESS		22. SIGNATURE OF DECEASED	
23. SIGNATURE OF WITNESS		24. SIGNATURE OF DECEASED	
25. SIGNATURE OF WITNESS		26. SIGNATURE OF DECEASED	
27. SIGNATURE OF WITNESS		28. SIGNATURE OF DECEASED	
29. SIGNATURE OF WITNESS		30. SIGNATURE OF DECEASED	
31. SIGNATURE OF WITNESS		32. SIGNATURE OF DECEASED	
33. SIGNATURE OF WITNESS		34. SIGNATURE OF DECEASED	
35. SIGNATURE OF WITNESS		36. SIGNATURE OF DECEASED	
37. SIGNATURE OF WITNESS		38. SIGNATURE OF DECEASED	
39. SIGNATURE OF WITNESS		40. SIGNATURE OF DECEASED	
41. SIGNATURE OF WITNESS		42. SIGNATURE OF DECEASED	
43. SIGNATURE OF WITNESS		44. SIGNATURE OF DECEASED	
45. SIGNATURE OF WITNESS		46. SIGNATURE OF DECEASED	
47. SIGNATURE OF WITNESS		48. SIGNATURE OF DECEASED	
49. SIGNATURE OF WITNESS		50. SIGNATURE OF DECEASED	
51. SIGNATURE OF WITNESS		52. SIGNATURE OF DECEASED	
53. SIGNATURE OF WITNESS		54. SIGNATURE OF DECEASED	
55. SIGNATURE OF WITNESS		56. SIGNATURE OF DECEASED	
57. SIGNATURE OF WITNESS		58. SIGNATURE OF DECEASED	
59. SIGNATURE OF WITNESS		60. SIGNATURE OF DECEASED	
61. SIGNATURE OF WITNESS		62. SIGNATURE OF DECEASED	
63. SIGNATURE OF WITNESS		64. SIGNATURE OF DECEASED	
65. SIGNATURE OF WITNESS		66. SIGNATURE OF DECEASED	
67. SIGNATURE OF WITNESS		68. SIGNATURE OF DECEASED	
69. SIGNATURE OF WITNESS		70. SIGNATURE OF DECEASED	
71. SIGNATURE OF WITNESS		72. SIGNATURE OF DECEASED	
73. SIGNATURE OF WITNESS		74. SIGNATURE OF DECEASED	
75. SIGNATURE OF WITNESS		76. SIGNATURE OF DECEASED	
77. SIGNATURE OF WITNESS		78. SIGNATURE OF DECEASED	
79. SIGNATURE OF WITNESS		80. SIGNATURE OF DECEASED	
81. SIGNATURE OF WITNESS		82. SIGNATURE OF DECEASED	
83. SIGNATURE OF WITNESS		84. SIGNATURE OF DECEASED	
85. SIGNATURE OF WITNESS		86. SIGNATURE OF DECEASED	
87. SIGNATURE OF WITNESS		88. SIGNATURE OF DECEASED	
89. SIGNATURE OF WITNESS		90. SIGNATURE OF DECEASED	
91. SIGNATURE OF WITNESS		92. SIGNATURE OF DECEASED	
93. SIGNATURE OF WITNESS		94. SIGNATURE OF DECEASED	
95. SIGNATURE OF WITNESS		96. SIGNATURE OF DECEASED	
97. SIGNATURE OF WITNESS		98. SIGNATURE OF DECEASED	
99. SIGNATURE OF WITNESS		100. SIGNATURE OF DECEASED	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9132**

252
9132
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Flemming Wiggins		2. DATE OF DEATH Oct. 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1945 Clifton Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1945 Clifton Ave.	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH April 22, 1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		9. AGE (in years last birthday) 60	
10B. KIND OF BUSINESS OR INDUSTRY >		11. BIRTHPLACE (State or foreign country) Va.	
13. FATHER'S NAME Alfred Wiggins		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Elizabeth ?	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Eula Morris 1945 Clifton Ave.	

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cardio Renal - Vascular DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 year
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2-10-1952 to 10-4-1952 , that I last saw the deceased alive on 10-3-1952 , and that death occurred at 1:00 p. m. , from the causes and on the date stated above.		
23A. SIGNATURE George C. Stange	23B. ADDRESS 1862 Mount St.	23C. DATE SIGNED 10-6-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/8/52	24C. NAME OF CEMETERY OR CREMATORY Ditchley, Va.
24D. LOCATION (City, town, or county) Ditchley, Va.		24E. FUNERAL DIRECTOR ADDRESS Geo. G. Kelson 1303 Presstman St.
DATE RECEIVED BY LOCAL REGISTRAR OCT 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.

#140
52 9133

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9133

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>H. B. Bell, Mrs. Jessie B.</u>			2. DATE OF DEATH <u>Oct 4 - 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore - Md.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>13-07</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home for Incurables 700 W 40th St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>48</u>			D. STREET ADDRESS (If rural, give location) <u>700 W. 40th St</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 14 1870</u>	9. AGE (In years last birthday) <u>82</u>	H Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			11. BIRTHPLACE (State or foreign country) <u>Washington Co. N. Carolina</u>		
13. FATHER'S NAME <u>Ansley H. B. Bell</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>-</u>		
17. INFORMANT <u>Jane Powell</u>			ADDRESS <u>Home for Incurables Records</u>		

CAUSE OF DEATH

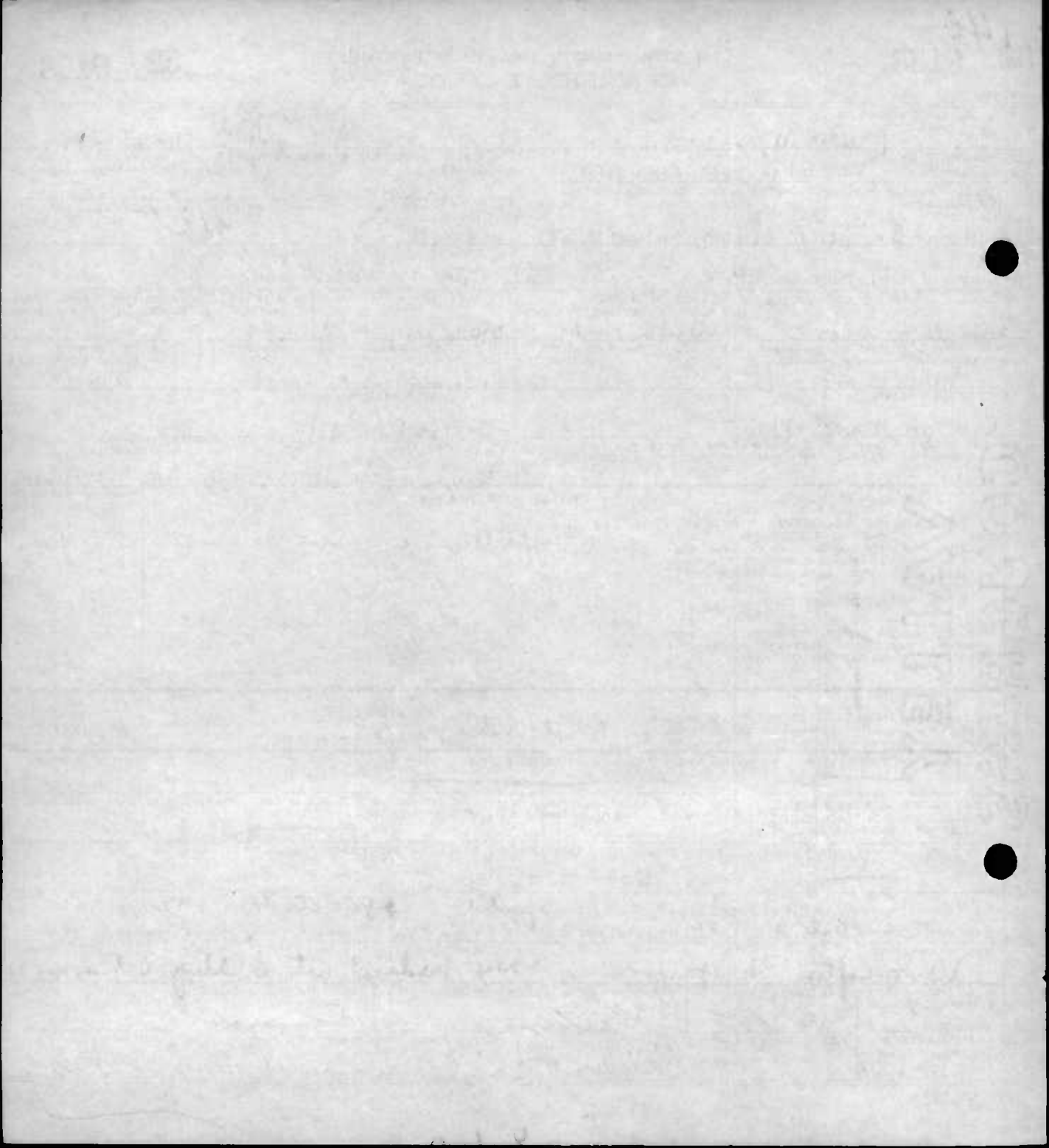
18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Hypertensive Cardiovascular Disease</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Arthritis Deformans</u>	<u>45 yrs.</u>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1948 to Oct. 4, 1952, that I last saw the deceased alive on Oct. 3, 1952, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE W. S. Grafton Herperger M. O. 214 Medical Bldg Building 23B. ADDRESS Oct. 4, 1952 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>10/7/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Westview</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 6 - 1952</u>		25. FUNERAL DIRECTOR <u>Paul E. Schenck</u> ADDRESS <u>3615-17 Chestnut Ave</u>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9134

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph C. Ferry

2. DATE
OF
DEATH

10-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Am. Stores Co.

13. FATHER'S NAME

John

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

1/31/1910

9. AGE (In years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Elsie Layman

17. INFORMANT

ADDRESS

Family - Same

18. E974X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, apnoea, etc. It means the disease,
injury or complication which caused death.)

(A) Asphyxia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hanging

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1435 Cherry Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

10-4-52. 6p.m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

hanged himself from electric light

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. William Williams

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

10-5-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

10/8/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 6 - 1952

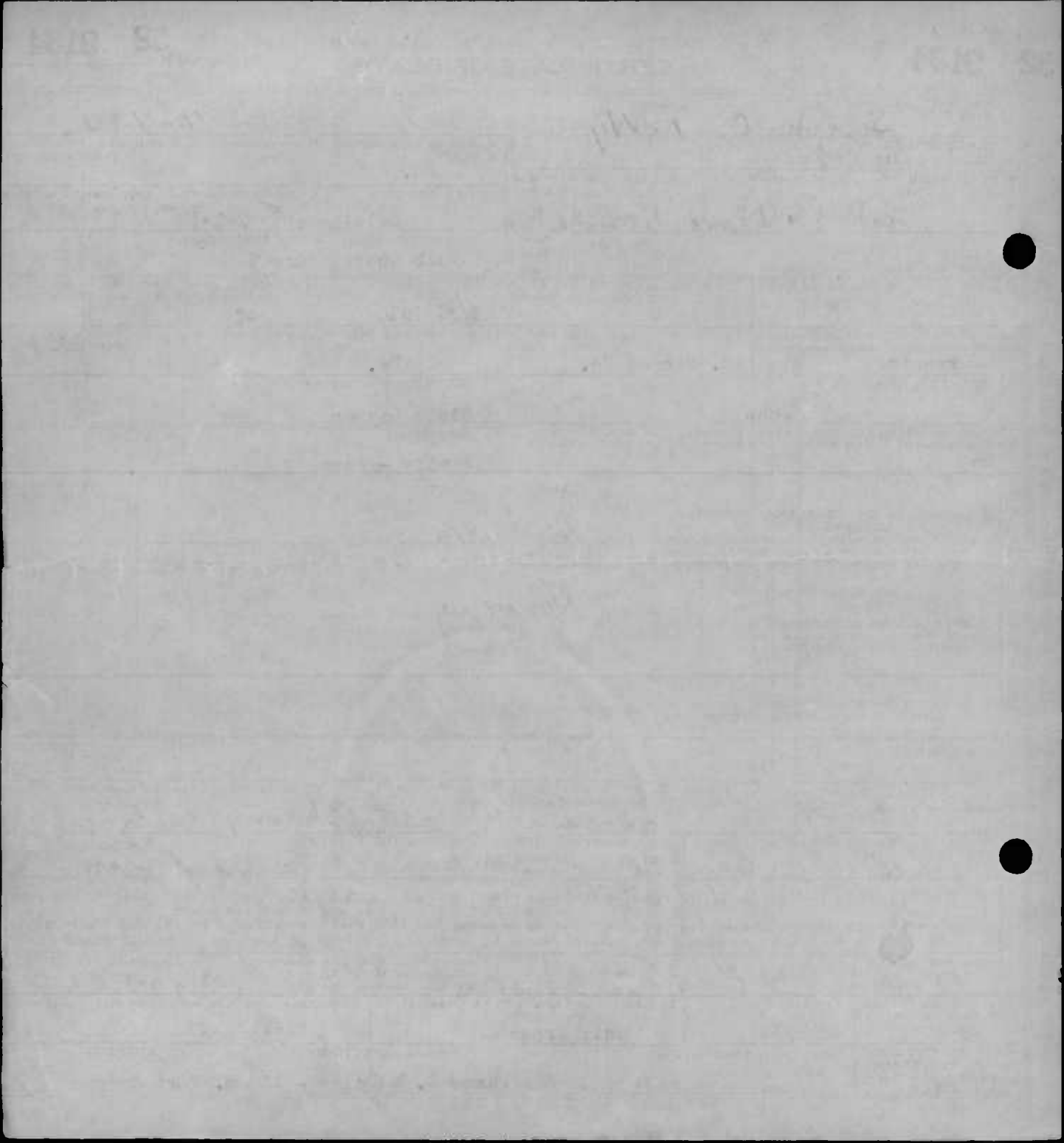
Huntington Williams, M.D.

James L. McCully - 130 E. Fort Avenue

VS 151

N991X

5106A



552
52 9135BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9135

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ALEXANDER SZYMANKIEWICZ		10/4/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3448 Childs Court		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
		Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
		3448 Childs Court	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
M	W	W	11/18/1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Carpenter		Self Emp/	75
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Poland			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John		Mary ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
No			
17. INFORMANT		ADDRESS	
Family - Same			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
154X I		Adenocarcinoma of the recto-sigmoid & metastases	
DUE TO		(A)	
ANTECEDENT CAUSES		(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
		1 1/2 yrs.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
Feb. 18, 1952		Adenocarcinoma recto-sigmoid	
20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 1, 1952, to Oct. 4, 1952, that I last saw the deceased alive on Oct. 3, 1952, and that death occurred at 6:30 m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
Jedrej P. Gehlert		4700 Pennington Ave	
M. D.		23C. DATE SIGNED	
		10/6/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
B		10/7/52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Holy Cross		Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
OCT 6 - 1952		Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR	
		James L. McCully - 130 E. Fort Avenue	

MEDICAL CERTIFICATION

52 9135

1910

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE CHIEF OF BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

REPORT OF THE CHIEF OF BUREAU OF PLANT INDUSTRY

FOR THE YEAR 1910

AND THE PROGRESS OF THE BUREAU

IN THE YEAR 1910

AND THE PROGRESS OF THE BUREAU

IN THE YEAR 1910

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1312

C-620
52 9136

VM C-153765

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 9136
Registered No.

1. NAME OF DECEASED (Type or Print) Czarski, Walter		2. DATE OF DEATH 10-4-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 1-04	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2120 Cambridge St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Jan. 8, 1889 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10B. KIND OF BUSINESS OR INDUSTRY GOVT. ARSENAL GUN (A)	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Vanentine Czarski (D)		14. MOTHER'S MAIDEN NAME Johanna ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 220-01-3887	
17. INFORMANT		ADDRESS Records: B. C. H. 4940 Eastern Ave.	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Heart Disease CAUSE OF DEATH (A) DUE TO INTERVAL BETWEEN ONSET AND DEATH ? ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 8-15-52		19B. MAJOR FINDINGS OF OPERATION Bronchoscopy	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-8 , 19 51 , to 10-4 , 19 52 , that I last saw the deceased alive on 10-4 , 19 52 , and that death occurred at 10: A m., from the causes and on the date stated above.			
23A. SIGNATURE 489 hmlr		23B. ADDRESS 4940 Eastern Ave.	
23C. DATE SIGNED 10-4-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Oct. 8-1952	
24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus Cem.		24D. LOCATION (City, town, or county) (State) City	
DATE RECEIVED BY LOCAL REGISTRAR OCT 6 - 1952		25. FUNERAL DIRECTOR Huntington Williams, M.D. Mary Weber	
25. ADDRESS			

75403A 09131

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **52 9137**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAURA KING

2. DATE
OF
DEATH

Oct. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

529 N. Stricker St.

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 10, 1892

9. AGE (In years last birthday)

59

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Stanton Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.C.

13. FATHER'S NAME

John Brown

14. MOTHER'S MAIDEN NAME

Sadie P

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Richard King 529 N. Stricker St.

18. **442X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive and arteriosclerotic cardiovascular disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED **Oct. 3, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE **10/7/1952**

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Balto

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams / Scheraga

ADDRESS **322 N.**

262
52 9138
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9138

1. NAME OF DECEASED (Type or Print) <i>Miss Mary Elizabeth Sakers.</i>		2. DATE OF DEATH <i>Oct 5, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore City</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i> location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore <i>65 yrs.</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>6025 Gwynn Oak Ave.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>Aug 30, 1887</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School Teacher.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Educator</i>	9. AGE (In years last birthday) <i>65</i>
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John Harrison Sakers.</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth W. Sears.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Helen W. Zimmerman</i>		ADDRESS <i>1640 Eagleside Ave. Balt.</i>	

18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Coronary Occlusion.</i> DUE TO (B) <i>Diabetes Mellitus</i> DUE TO (C) <i>Arteriosclerosis.</i>	INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i>
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19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Oct 5*, 19*52*, to *Oct 5*, 19*52*, that I last saw the deceased alive on *Oct 1*, 19*52*, and that death occurred at *9 4* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Henry D. Watson</i>	23B. ADDRESS M. D. <i>114 St. Paul St.</i>	23C. DATE SIGNED <i>Oct 5 1952</i>
--	---	---------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10-7-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn, Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 6 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>G. Howard Strong</i>	ADDRESS <i>3207 W. North Ave.,</i>
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UNITED STATES OF AMERICA

1918

RECEIVED

RECEIVED
JAN 10 1918
U.S. DEPT. OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D.C.

RECEIVED
JAN 10 1918
U.S. DEPT. OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D.C.

RECEIVED

U.S. DEPT. OF AGRICULTURE

1918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9139

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

B. John Blevins (BLEVINS)

2. DATE
OF
DEATH

10-4-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore Gen. Hosp.

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

a. STATE

Md.

b. COUNTY

a. a.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Brooklyn

d. STREET ADDRESS (If rural, give location)

914 First St.

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/26/1898

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work doing most of working life, even if retired)

Pipe Fitter

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. Coast Guard

13. FATHER'S NAME

Wm F Blevins

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Jane Derryberry

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Notice B. Blevins 914-First St.
Brooklyn

18. E902.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Aspiration of Vomitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Fracture of Cervical

(C)

Vertebra

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

940 1st St. Brooklyn, Md.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Oct. 4, 1952, 6p m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell over banister from 2nd to 1st floor

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Brown

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

10-5-52

24A. BURIAL CREMA-
TION REMOVAL (Specify)

Removal

24B. DATE

10/6/52

24C. NAME OF CEMETERY OR CREMATORY

Pennington Gap

24D. LOCATION (City, town, or county)

Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

E. Cook Inc. 1217 St. Paul St

ADDRESS

VS 151

N-805.2

574 91

Fracture of Cervical
vertebrae

534
9140BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9140

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clarence P. Bandell, Jr.

2. DATE
OF
DEATH

October 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2010 Bank Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 23, 1900

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Produce

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Clarence P. Bandell, Sr.

14. MOTHER'S MAIDEN NAME

Carrie Reese

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

May I. Bandell, 2010 Bank Street

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

1 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Mitral Regurgitation

1 yr.

(C) DUE TO

Chronic Myocarditis

1 yr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from May 5, 1951, to Oct. 1, 1952, that I last saw the
deceased alive on Oct. 1, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John V. Sezerdicki

M. D.

1802 Eastern Ave

10-6-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

10/9/52

Holy Redeemer Cemetery

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 6 - 1952

Huntington Williams, M.D.

Wm. Cook, Inc.

1217 St. Paul Street

0-10

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED
DATE OF DEATH

PLACE OF DEATH
CITY AND COUNTY

AGE OF DECEASED
SEX

CAUSE OF DEATH
MANNER OF DEATH

DATE OF BURIAL
PLACE OF BURIAL

SIGNATURE OF DECEASED
SIGNATURE OF WITNESSES

SIGNATURE OF CLERK
OFFICE OF THE CLERK

DATE OF FILING
PLACE OF FILING

FILE NO.
INDEX NO.

REMARKS
OTHER INFORMATION

DATE OF ENTRY
PLACE OF ENTRY

FILE NO.
INDEX NO.

REMARKS
OTHER INFORMATION

CERTIFICATE CORRECTED

10-15-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 9141

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clarence Byrd

2. DATE
OF
DEATH

10-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

Married

8. DATE OF BIRTH

8/20/1904

9. AGE (In years last birthday)

47 48

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dealer

10B. KIND OF BUSINESS OR INDUSTRY

Coal & Oil Burners

13. FATHER'S NAME

James Milton Byrd

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Annie C. Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Glennida Rithmiller 514 E. 39th St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

W. F. Williams

23B. CHIEF MEDICAL EXAMINER ☐

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR ☒

10-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/8/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Parkville Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 St. Paul St.

OCT 6 - 1952

VS 151

2906T 00136

correct age is important. Physicians: please write the causes of death clearly and legibly.

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52 9142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9142

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) George Jacob Lang			2. DATE OF DEATH Oct. 5, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital D O A			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 307 S. Furrow St.			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 23, 1873	9. AGE (In years last birthday) 78	10. UNDER 1 Year Months: 11 Days: 12
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lithographer			10B. KIND OF BUSINESS OR INDUSTRY Md. Lithograph Co.		
13. FATHER'S NAME Frederick Lang			12. CITIZEN OF WHAT COUNTRY? Baltimore		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 216-09-0956		
17. INFORMANT B			ADDRESS		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Coronary Embolism		INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO Atherosclerotic Cardio-Vascular Disease		(B) DUE TO 4 yrs.	
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12:17 , 19 48 , to 10:12 , 19 52 , that I last saw the deceased alive on 10:12 , 19 52 , and that death occurred at 10:30 PM. , from the causes and on the date stated above.					
23A. SIGNATURE George C. Urban		23B. ADDRESS 805 2nd Ave 28th Md		23C. DATE SIGNED 10.5.52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 8, 1952		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) Baltimore		24E. ADDRESS 1913 W. Baltimore		24F. ADDRESS 1913 W. Baltimore	

520 9142

5110 52

DEPARTMENT OF HEALTH

5110 52

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9143

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stephan Dana Sutliff

2. DATE
OF
DEATH

10-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1210 St. Paul

Yrs.
Mos.
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)

1210 St. Paul St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

doctor

10B. KIND OF BUSINESS OR INDUSTRY

Hosp. medical

13. FATHER'S NAME

Dana Sutliff

8. DATE OF BIRTH

May 1, 1902

9. AGE (In years last birthday)

50

11. BIRTHPLACE (State or foreign country)

Shippensburg, Pa.

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Ruth Lamb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

yes

World War #2

16. SOCIAL SECURITY NO.

17. INFORMANT

Robert Sutliff

Chambersburg, Pa.

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Fatty liver

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Cirrhosis of liver

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William V. Davis

23B. CHIEF MEDICAL EXAMINER.....

M.D.

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

10-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

10/6/52

24C. NAME OF CEMETERY OR CREMATORY

Spring Hill

24D. LOCATION (City, town, or county)

Shippensburg, Pa.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. T. Lickner & Sons

ADDRESS

Balto 17, Md.

07580

OCT 6 - 1952

VS 151

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 9144

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank

2. DATE
OF
DEATH

10-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY HOSPITAL

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 6, 1891

9. AGE (In years
last birthday)

61

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

maintenance dept.

10B. KIND OF BUSINESS OR
INDUSTRY

hospital

13. FATHER'S NAME

Andrew J. Gay

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Ada Harlow

17. INFORMANT

ADDRESS Va.

Hill & Irving Funeral Home, Charlottesville

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Intra cerebral hemorrhage

2 1/2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardiovascular
disease
Arterio sclerosis, generalized

1-5 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-4-52 19, to 10-4-52, 19, that I last saw the
deceased alive on 10-4-52, 19, and that death occurred at 9:45 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

10/6/52

Riverview Cem.

Charlottesville, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 6 - 1952

Huntington Williams, Jr.

Wm. J. Pickens & Sons

VS 150

5548T

Baths 17 Md.

correct age is especially important. Physicians: please write the causes of death clearly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 9145

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RUTH VIOLA RICHARDS		2. DATE OF DEATH October 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 9-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 706 Cator Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov. 21, 1879
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oiler		10B. KIND OF BUSINESS OR INDUSTRY Mills	9. AGE (In years last birthday) 72 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George W. Tawes		14. MOTHER'S MAIDEN NAME Julia Carew	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Ethel M. Pelosi - 300 Pa. Ave.		ADDRESS	

18. **170X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Carcinoma of Breast with Metastasis**~~XXXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

2. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. J. J. J.

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
10/6/5224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
10/7/5224C. NAME OF CEMETERY OR CREMATORY
Loudon Park Cem.24D. LOCATION (City, town, or county) (State)
Balto., Md.DATE RECEIVED BY LOCAL REGISTRAR
OCT 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tichenor & Son

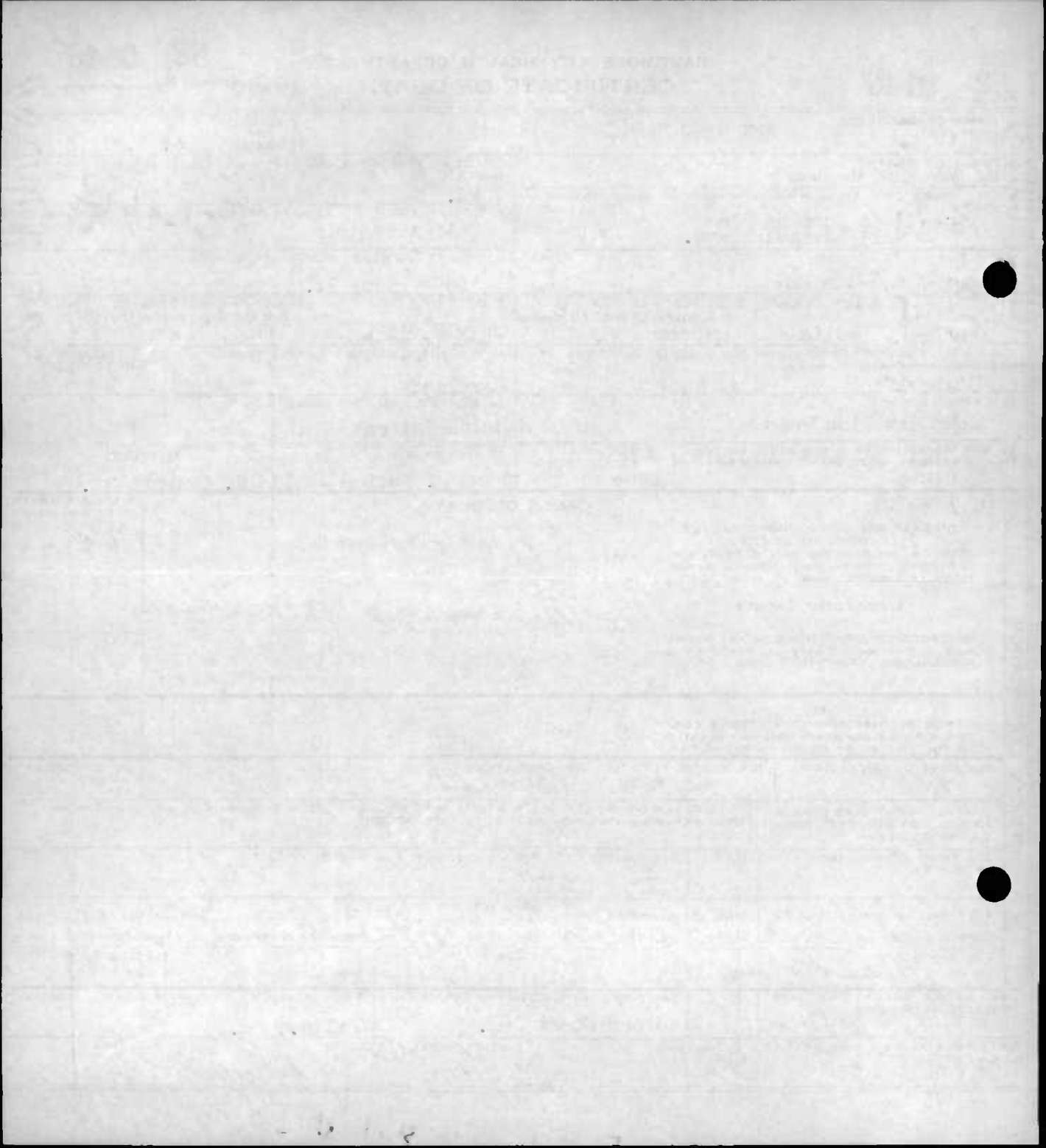
ADDRESS

Balto 17, Md.

Handwritten text at the bottom of the page, likely a signature or date, appearing to read "1917" and "J. J. [illegible]".

652
52 9146
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9146
Registered No.

1. NAME OF DECEASED (Type or Print) AMY WEED BARNES			2. DATE OF DEATH Oct. 5, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY 9-05		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Hood Nursing Home 5213 Edmondson Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Yrs. Mos. Days 3205 Frisby St.			D. STREET ADDRESS (If rural, give location)		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 8, 1874	9. AGE (In years last birthday) 78	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Hamilton Weed			14. MOTHER'S MAIDEN NAME Helen Peters		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) none			16. SOCIAL SECURITY NO. none		
17. INFORMANT Miss J. Fulton - 2715 N. Calvert St.			ADDRESS		
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) C.A. of Breast DUE TO Generalized Metastasis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 2 yrs.		
19A. DATE OF OPERATION 1950			19B. MAJOR FINDINGS OF OPERATION C.A. of Breast		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 9-30 , 19 52 , to 10-5 , 19 52 , that I last saw the deceased alive on 10-4 , 19 52 , and that death occurred at 9 A m., from the causes and on the date stated above.					
23A. SIGNATURE Huntington Williams, M.D.			23B. ADDRESS Baltimore		
23C. DATE SIGNED 10/6					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/7/52		24C. NAME OF CEMETERY OR CREMATORY Green Mount Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.					
DATE RECEIVED BY LOCAL REGISTRAR OCT 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Schaefer & Sons	
VS 150		ADDRESS Balto 17, Md			



S-365
52 9147BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9147

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH STERN		2. DATE OF DEATH 10-5-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Levinthal		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto	
Length of stay in Baltimore Life		d. STREET ADDRESS (If rural, give location) Dremspring & Belvedere	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4/7
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Balto Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Bernman		14. MOTHER'S MAIDEN NAME Sarah	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Harry Stern		ADDRESS 3422 Boyce Ave	

18. 345X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Multiple sclerosis	years
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-15** **9:45** **1948**, to **10-5**, 19**52** that I last saw the deceased alive on **10-5**, 19**52** and that death occurred at **9:45** p.m., from the causes and on the date stated above.

23A. SIGNATURE Henry Nagel	23B. ADDRESS Levinthal Home	23C. DATE SIGNED 10-5-52
--------------------------------------	---------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/7/1952	24C. NAME OF CEMETERY OR CREMATORY Herring Open	24D. LOCATION (City, town, or county) (State) Balto Md.
DATE RECEIVED BY REGISTRAR OCT 7 - 1952		25. FUNERAL DIRECTOR Jack Lewis	
REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		ADDRESS 2100 Eutan Pl	

2596409142

7410 34

12 11 31

10 10 10

WATKINS
CONF
10 10 10

52 9148

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9148
Registered No.BIRTH NO. *D-120*

1. NAME OF DECEASED (Type or Print) <i>Davis, Max</i>		2. DATE OF DEATH <i>10/6/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>13-03</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Shani Hosp. of Balto, Inc.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>2200 Eutan Place</i>		E. DATE OF BIRTH <i>7/10/08</i>	
F. AGE (In years last birthday) <i>84</i>		G. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
H. LENGTH OF STAY IN BALTIMORE <i>42</i>		I. SOCIAL SECURITY NO. <i>2206 Eutan Pl.</i>	
J. COLOR OR RACE <i>wh</i>		K. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	
L. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Retired</i>		M. KIND OF BUSINESS OR INDUSTRY <i>Real Estate</i>	
N. FATHER'S NAME <i>Davis Davis</i>		O. MOTHER'S MAIDEN NAME <i>Not Known</i>	
P. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		Q. SOCIAL SECURITY NO. <i>2206 Eutan Pl.</i>	

1B. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) <i>Cerebral Vascular Accident</i> DUE TO			
		(B) <i>Hypertension</i> DUE TO			
		(C) <i>Hypertension</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/1/52</i> , 19 <i>52</i> , to <i>10/6/52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>10/6</i> , 19 <i>52</i> and that death occurred at <i>5:15 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Jack Fine</i>		23B. ADDRESS <i>Shani Hosp.</i>		23C. DATE SIGNED <i>10/6</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/7/1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto</i>	
24D. LOCATION (City, town, or county) <i>Md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Balto</i>		24F. LOCATION (City, town, or county) <i>Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>10/7-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Jack Lewis Inc - 2100 Eutan Pl.</i>	

1940

RECEIVED BY THE BUREAU OF THE
NATIONAL ARCHIVES

1940



2-530
52 9149

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9149
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MRS. FANNIE ZIMT		2. DATE OF DEATH 10-6-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE UNION MEMORIAL HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-17	
D. STREET ADDRESS (If rural, give location) 2913 OAKLEY RD.		5. LENGTH OF STAY IN BALTIMORE 54 Yrs. Mos. Days	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 7-16-'96
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 56
11. BIRTHPLACE (State or foreign country) AUSTRIA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JOSEPH GILDEN		14. MOTHER'S MAIDEN NAME SARAH REISER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Hospital records		ADDRESS	

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO Arterio-sclerotic heart disease DUE TO Arterio-sclerotic heart disease DUE TO Arterio-sclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 1 da
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 10-7-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10-5 , 19 52 to 10-6 , 19 52 , that I last saw the deceased alive on 10-6 , 19 52 , and that death occurred at 3:05 Am., from the causes and on the date stated above.				
23A. SIGNATURE Harvey S. Green M. D.		23B. ADDRESS Union Memorial Hosp		23C. DATE SIGNED 10-6-52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 10-7-52	24C. NAME OF CEMETERY OR CREMATORY Rosedale	24D. LOCATION (City, town, or county) (State) Falco Md	
DATE RECEIVED BY LOCAL REGISTRAR OCT 7 - 1952		REGISTRAR'S SIGNATURE Jack Lewis		
25. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Eutaw Pl		

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

CERTIFICATE OF DEATH

IN THE CITY AND COUNTY OF ALBANY

DECEASED

NAME

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

PERIOD OF ILLNESS

PREVAILING DISEASE

PREVAILING WEATHER

PREVAILING TEMPERATURE

PREVAILING HUMIDITY

PREVAILING WIND

PREVAILING PRESSURE

PREVAILING MOON

PREVAILING STARS

PREVAILING PLANETS

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
SARAH GOLDBERG		10-6-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY	
Mt Sinai Home		Md	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
4613 Park Heights Ave		Baltimore	
7. Yrs. Mos. Days length of stay in Baltimore		8. D. STREET ADDRESS (If rural, give location)	
		212 So Ann St	
9. SEX	10. COLOR OR RACE	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	12. DATE OF BIRTH
Female	White	Married	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14. KIND OF BUSINESS OR INDUSTRY	
Housewife			
15. FATHER'S NAME		16. MOTHER'S MAIDEN NAME	
Samuel		Rebecca	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		18. SOCIAL SECURITY NO.	
19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)		20. INTERVAL BETWEEN ONSET AND DEATH	
420.1 and 260x		30 minutes	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(2)	
		Dietetics mellitus	
22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		P	
23. DATE OF OPERATION		24. MAJOR FINDINGS OF OPERATION	
0			
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		26. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED	
		m. WHILE AT WORK NOT WHILE AT WORK	
29. I hereby certify that I attended the deceased from		30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
deceased alive on 10-4-1952 and that death occurred at 3:00 p.m., from the causes and on the date stated above.			
31. SIGNATURE		32. ADDRESS	
A. A. Insomman		1105 N. Calvert St	
M. D.		33. DATE SIGNED	
		10-6-52	
34. BURIAL, CREMATION, REMOVAL (Specify)		35. DATE	
Burial		10-7-52	
36. NAME OF CEMETERY OR CREMATORY		37. LOCATION (City, town, or county) (State)	
Mt Carmel		Balto Md	
38. DATE RECEIVED BY LOCAL REGISTRAR		39. REGISTRAR'S SIGNATURE	
OCT 7 - 1952		[Signature]	
40. FUNERAL DIRECTOR		41. ADDRESS	
[Signature]		2100 Canton Rd	

1 9 5 2 0 2 9 1 4 5

1109710
Sussman
Calvert
Feb 6065

L-260
52 9151BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9151
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES LESSER

2. DATE
OF DEATH Oct. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
Lutheran Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1125 Ashburton Street

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)
76If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY
Retired11. BIRTHPLACE (State or foreign country)
Balt and12. CITIZEN OF
WHAT COUNTRY?13. FATHER'S NAME
Martin Lesser14. MOTHER'S MAIDEN NAME
Aimee A. Mager15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.23A. SIGNATURE
William J. Smith23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....☐

Oct. 4, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1890

35252

1883-1884

2010-10-10

[Faint handwritten text]

521-540

1513

1900

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Elmer H. Packie

2. DATE
OF
DEATH

Oct. 4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3917 Carlisle Ave

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3917 Carlisle Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 11, 1898

9. AGE (in years last birthday)

54

If Under 1 Year Months: Days If Under 21 Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Royal Typewriter Co. Balto. Md.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

---Packie

14. MOTHER'S MAIDEN NAME

Fannie---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

412 01 7774

17. INFORMANT

ADDRESS

Mrs. Shirley Packie, 3917 Carlisle Ave

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

10/4/52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic Cardiovascular Disease

2+ yrs

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **JULY 1936** to **10/4**, 19**52**, that I last saw the deceased alive on **10/3**, 19**52**, and that death occurred at **11:30** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Shirley E. Packie

M. D.

3629 Edmondson Ave

10/6/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct 7/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

10/7/52

Huntington Williams

Harry N. Nitzke

4101 Edmondson Ave

12

100

[illegible]

6 F-600
52 9153

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9153
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George E. Frey

2. DATE
OF
DEATH

10-4-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

ST. Agnes Hospital

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6-10-1893

9. AGE (in years last birthday)

59

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

foreman

10B. KIND OF BUSINESS OR INDUSTRY

Morgan Mill Works

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Frey

(M) GO.

14. MOTHER'S MAIDEN NAME

Emma McCurley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-03-1678

17. INFORMANT

ADDRESS

Charlotte R. Frey, 777 Linnard

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Subarachnoid hemorrhage
Anterior: Cardio Vasc.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

disease with
hypertension

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9-23, 1952 to 10-4, 1952 that I last saw the deceased alive on 10-4, 1952, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry J. Thompson

23B. ADDRESS

24 Hayes Way

23C. DATE SIGNED

10-4-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry H. Witzke, 4101 Edmondson Ave

STATEMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

10-1-1913

STATEMENT OF DEATH

10-1-1913

10

10-1-1913

C-142

52 9154

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9154
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANTHONY IVAN CVELJO

2. DATE
OF
DEATH

10/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 11-01D. STREET ADDRESS (If rural, give location)
610 N CALVERT ST.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

Yrs.
Mos.
Days

8. DATE OF BIRTH

March 24, 1885

9. AGE (in years last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ref - Bricklayer

10B. KIND OF BUSINESS OR INDUSTRY

unknown

11. BIRTHPLACE (State or foreign country)

Europe, Austria

12. CITIZEN OF
WHAT COUNTRY?
U. S.

13. FATHER'S NAME

Nick C. Cveljo const.

14. MOTHER'S MAIDEN NAME

Silka Bergich

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

218-05-5750

17. INFORMANT

Patient

ADDRESS

18. 587.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute hemorragic pancreatitis 3 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4, 1952 to 10/5, 1952, that I last saw the deceased alive on 10/5, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Twining

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

10/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/7/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 7 - 1952

REGISTRAR'S SIGNATURE

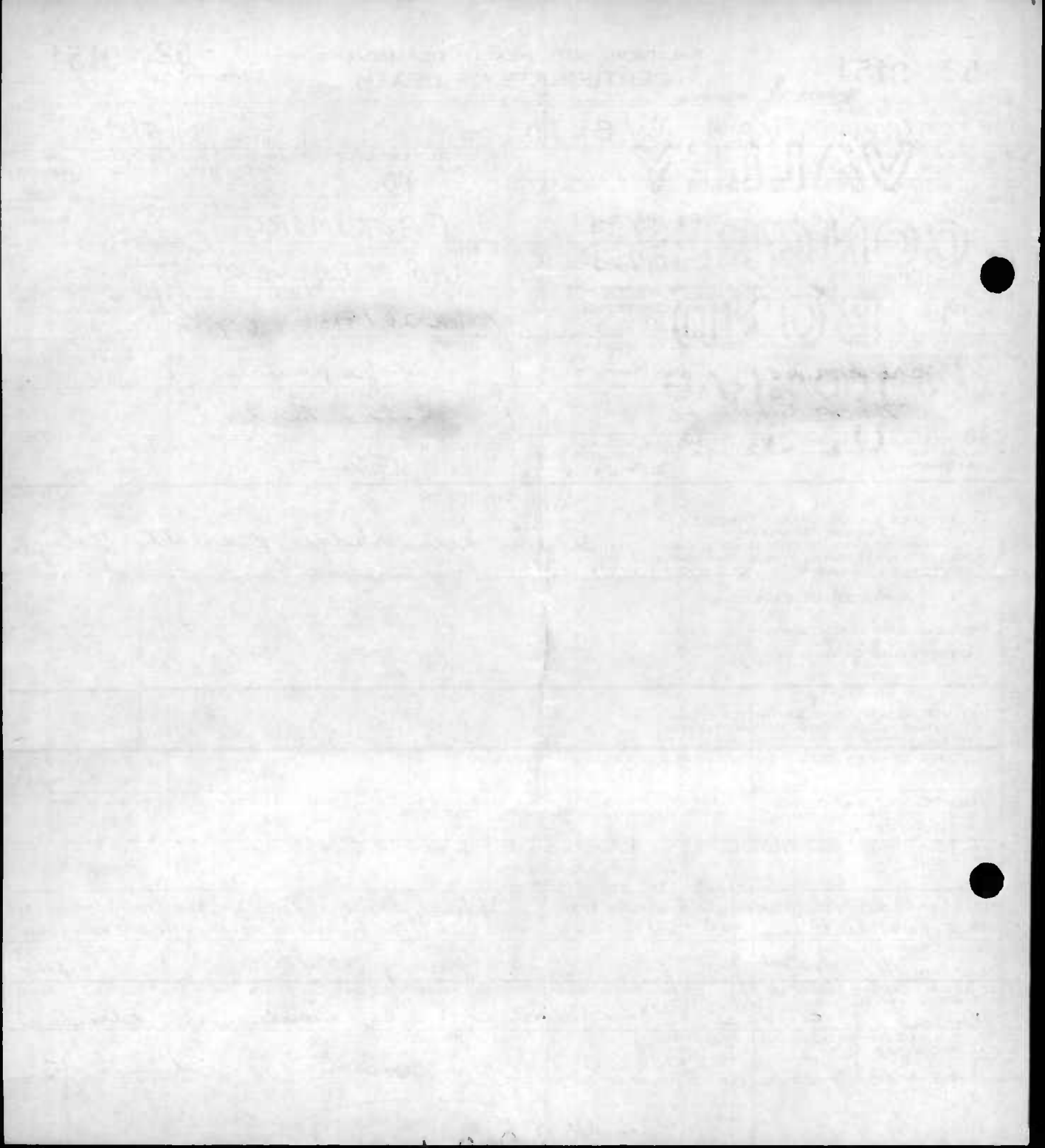
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

26m. Cook & Co., 1217 St. Paul St.

ADDRESS

559424



9-250
52 9155BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9155
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>ROSA M. QUASNEY</i>		2. DATE OF DEATH <i>OCT. 6, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>7-1-01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>South Baltimore Rev. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>1017 Ridgely St. #17</i>		E. LENGTH OF STAY IN BALTIMORE <i>62 yr.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>Jan. 7, 1890</i>
9. AGE (In years last birthday) <i>62</i>		10. UNDER 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeping</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
13. FATHER'S NAME <i>Alfred Kirby</i>		14. MOTHER'S MAIDEN NAME <i>Sarah C. Lee</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS ✓	

18. <i>416 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Rheumatic heart disease</i> DUE TO (B) _____ DUE TO (C) _____ II <i>Generalized arteriosclerosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>
---	---	--

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE <i>W. W. Conway</i>	23B. ADDRESS <i>South Baltimore Rev. Hosp.</i>	23C. DATE SIGNED
---------------------------------------	---	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>10-9-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>GREEN HAVEN CEM.</i>	24D. LOCATION (City, town, or county) (State) <i>AACD</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 11 1952</i>	REGISTRAR'S SIGNATURE <i>Thurston Williams</i>	25. FUNERAL DIRECTOR <i>Bernard B. Harle</i>	ADDRESS <i>1218 West St</i>

19520009150

113

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R-514
52 9156BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9156

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN REINFELDER.

2. DATE

OF
DEATH OCTOBER 6 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE CITY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 4700 HARFORD ROAD

HARFORD CONVALESCENCE HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

BALTIMORE CITY.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

MARYLAND.

D. STREET ADDRESS (If rural, give location)

1737 CARSWELL STREET.

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or oookooow)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Bernard Reinfelder - same

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CHRONIC MYOCARDITIS MARCH 1952

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIOR SCLEROSIS 1952

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) CHRONIC INTERSTITIAL NEPHRITIS 1952

APOPLEXY (SECOND STROKE)

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

NONE

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from JULY 18 1952, to OCT 6 1952, that I last saw the deceased alive on OCT 6, 1952, and that death occurred at 3.15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3013 ST PAUL STREET.

OCT 6 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

52 9157

52 9157

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Huberta Francis

2. DATE
OF
DEATH

10/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hosp.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

205 N. Pearl St.

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8/21/1910.

9. AGE (In years
last birthday)

40

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR
INDUSTRY

HOUSE WORK

11. BIRTHPLACE (State or foreign country)

WILMINGTON, N. C.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

SAMUEL HARRIS

N. C.

14. MOTHER'S MAIDEN NAME

ELSIE VANN - N. C.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hosp. records.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Renal failure -

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cardio-vascular-renal

DUE TO

decease - Myocardial

(C)

hypertension

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 10/1/52, 1952, to 10/4, 1952, that I last saw the
deceased alive on 10/4, 1952, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

916 ADDRESS

1

8/1/1915

Wilmington N.C.
Eddie Kinn N.C.

Samuel Harris N.C.
Harris N.C.

Sam Harris N.C.
Eddie Kinn N.C.
8-21

300
52 9158

52 9158

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Pearl Reid*2. DATE
OF
DEATH*Oct. 4, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*746- Pennsylvania Ave.*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore**17-01*

D. STREET ADDRESS (If rural, give location)

746- Pennsylvania Ave.

Length of stay in Baltimore

22 years

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

*Female**Colored**married*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Factory Worker*10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

*clothing*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

*Preston Reid - 746- Penna. Ave.*18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

*Hypertension*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8-12*, 19*52*, to *10-4*, 19*52*, that I last saw the
deceased alive on *10-4*, 19*52*, and that death occurred at *10:20 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

George M. Adams

M. D.

*2327 So. North**10-6-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Burial**10/9/52**Mt. Auburn**Maryland*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*10-17-1952**Huntington Williams**W. Halstead - 918- Spruid*

VS 150

1952 69846

Hill Ave.

MEDICAL CERTIFICATION

52 9159

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9159
Registered No.

BIRTH NO. 52-24774

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

18. 754.6

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/2, 1952 to 10/4, 1952 that I last saw the
deceased alive on 10/4, 1952, and that death occurred at 10:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)
(State)DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

52 9160

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9160
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Evans

2. DATE
OF
DEATH

Oct. 4, 1952

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION

2101- Cold Spring Lane

C. Length of stay in Baltimore

year

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED/DIVORCED (Specify)

widow

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1629 Madison Ave.

8. DATE OF BIRTH

? 1909

9. AGE (in years
last birthday)

43

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Flat Work

10B. KIND OF BUSINESS OR
INDUSTRY

Regal Laundry

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Viola Blackwell-1629 Madison Ave.

18. 023X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST

(B)

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from Sept. 19, 1952, to Sept 19, 1952, that I last saw the
deceased alive on Sept. 19, 1952, and that death occurred at 6 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

OCT 7 - 1952

Huntington Williams, M.D. Halstead-918- Fred Will

69086 209155

MEDICAL CERTIFICATION

42

Med. Ex Case - Released to Hosp. - To be approved.

400
52 9161BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9161
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Gill

2. DATE
OF
DEATH

OCT 4 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Rapid

10B. KIND OF BUSINESS OR
INDUSTRY

School

13. FATHER'S NAME

William Gill

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

2138 Walbrook Ave.

8. DATE OF BIRTH

1-26-'35

9. AGE (in years
last birthday)

18

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Raleigh, North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U. S. B.

14. MOTHER'S MAIDEN NAME

Minerva Duenn

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.6

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-3-1952 to 10-4-1952, that I last saw the
deceased alive on 10-4-1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

Frederick W. - Skill

M. D.

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Removal

10/8/52

Raleigh, N. C.

North Carolina

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 7 - 1952

Huntington Williams, M.D. Halstead - 918 - David Hill

NOT A MEDICAL EXAMINER'S CASE

William V. Smith M.D.
CHIEF OR ASST. MEDICAL EXAMINER

52 9162

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9162

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH B. BANEY

2. DATE
OF
DEATH Oct. 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Edgewood Nursing Home

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3708 Buckingham Rd.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 17, 1879

9. AGE (in years
last birthday)

72

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Martin

14. MOTHER'S MAIDEN NAME

Unknown Knabe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Edward J. Baney-5304 York Rd.

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of stomach
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Metastasis
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/14/1952, to 10/5/1952, that I last saw the
deceased alive on 10/5/1952, and that death occurred at 6:10 p. m., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/7/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 7 1952

Hurlington Williams, M.D.

Wm. J. Tischer & Sons

Baltimore, Md.

9210

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE

REPORT

OF THE

COMMISSIONERS

OF THE LAND OFFICE

FOR THE YEAR

1910

ALBANY:

1911

PRINTED BY

THE STATE

PRINTING OFFICE

ALBANY

1911

1911

1911

1911

1911

1911

1911

1911

52 9163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9163
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN F. BLACHOWICZ

2. DATE
OF
DEATH

October 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

215 S. Chester Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 6-1896

9. AGE (In years last birthday)

56

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

KILN OPERATOR

10B. KIND OF BUSINESS OR INDUSTRY

Mutual Chemical Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Blachowicz

14. MOTHER'S MAIDEN NAME

Rozalia ? Bystrek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

WW-1

16. SOCIAL SECURITY NO.

215-09-7193

17. INFORMANT

ADDRESS

John Blachowicz 215 S. Chester Street

18. E816.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of Neck

~~X10066X~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Crushing injury of Chest

~~X10066X~~

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRI-
BUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Route 301 60' south of Wilson Blvd.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

10/5/52 3:36 P.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

collision
passenger in auto involved in auto and
trailer tractor22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

10/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct, 10-1952

24C. NAME OF CEMETERY

Holy Rosary

24D. LOCATION (City, town, or county)

German Hill Road

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 17 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George Q. Weber 705 S. Ann St

VS 151

N 805.2

6904R 58

correct age is especially important. Physicians write the causes of death clearly and legibly.

DEATH

52 9164

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9164

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine Nowakowski

2. DATE
OF
DEATH

Oct, 6th, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1611 Shakespeare St

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

At Home

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 31, 7-03

D. STREET ADDRESS (If rural, give location)

1611 Shakespeare Street

Length of stay in Baltimore ?

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept 5th, 1881

9. AGE (In years last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Andrew Rybarczyk

14. MOTHER'S MAIDEN NAME

Victoria

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

217-01-1518

17. INFORMANT

ADDRESS

Edward Nowakowski 1611 Shakespeare St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

00452

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Hypertension Cardio Vascular Disease Jan 1 57

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1952, to Oct 6, 1952, that I last saw the deceased alive on Oct 5, 1952, and that death occurred at 1240 A.M., from the causes and on the date stated above.

22A. SIGNATURE

22B. ADDRESS

22C. DATE SIGNED

William J. Rybarczyk M. D.

801 Kenwood Dr

Oct 6 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 9th, 1952

24C. NAME OF CEMETERY

St. Stanislaus

24D. LOCATION (City, town, or county)

1300 Dundalk Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 7 - 1952

Huntington Williams, M.D.

George A. Weber 705 S. Ann St

Re-1127

1000 84

COMMON
SCHOOL
CONGREGATION
WILEY

52 9165

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9165

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>James Edward Stokes</i>		2. DATE OF DEATH <i>October 6, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1038 N. Chapel St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-04</i>	
D. STREET ADDRESS (If rural, give location) <i>1028 N. Chapel St.</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Colored</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>		8. DATE OF BIRTH <i>July 4, 1887</i>	
9. AGE (In years last birthday) <i>65</i>		10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Steel Worker</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Buckville Pa.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Jesse Stokes</i>		14. MOTHER'S MAIDEN NAME <i>Anna Scott</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Waverly Stokes</i>		ADDRESS <i>Buckville Pa.</i>	

18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Carcinoma of Stomach</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)		
		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *10/1*, 19*52*, to *10/6*, 19*52* that I last saw the deceased alive on *10/6*, 19*52*, and that death occurred at *10:22* a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>Ellis R. Lofgren</i>		23B. ADDRESS <i>822 N. Bond St.</i>		23C. DATE SIGNED <i>10/6/52</i>	
--	--	-------------------------------------	--	---------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>Oct. 8/52</i>		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State) <i>Buckville Pa.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>10-7-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Mrs. Robert A. Elliott & Daughter</i>		ADDRESS <i>1129 N. Caroline St.</i>	

694340 209100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

CAUSE OF DEATH

DISEASE OR INJURY DIRECTLY
CAUSING DEATH

IMMEDIATE CAUSE

IMMEDIATE CAUSE OF DEATH
AS REPORTED BY THE
DEATH INVESTIGATOR

II

IMMEDIATE CAUSE OF DEATH
AS REPORTED BY THE
DEATH INVESTIGATOR

IMMEDIATE CAUSE OF DEATH
AS REPORTED BY THE
DEATH INVESTIGATOR

IMMEDIATE CAUSE OF DEATH
AS REPORTED BY THE
DEATH INVESTIGATOR

IMMEDIATE CAUSE OF DEATH
AS REPORTED BY THE
DEATH INVESTIGATOR

IMMEDIATE CAUSE OF DEATH
AS REPORTED BY THE
DEATH INVESTIGATOR

IMMEDIATE CAUSE OF DEATH
AS REPORTED BY THE
DEATH INVESTIGATOR

IMMEDIATE CAUSE OF DEATH
AS REPORTED BY THE
DEATH INVESTIGATOR

IMMEDIATE CAUSE OF DEATH
AS REPORTED BY THE
DEATH INVESTIGATOR

IMMEDIATE CAUSE OF DEATH
AS REPORTED BY THE
DEATH INVESTIGATOR

IMMEDIATE CAUSE OF DEATH
AS REPORTED BY THE
DEATH INVESTIGATOR

IMMEDIATE CAUSE OF DEATH
AS REPORTED BY THE
DEATH INVESTIGATOR

IMMEDIATE CAUSE OF DEATH
AS REPORTED BY THE
DEATH INVESTIGATOR

IMMEDIATE CAUSE OF DEATH
AS REPORTED BY THE
DEATH INVESTIGATOR

ARENSEN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9166
Registered No.

652
52 9166
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Morris Arenson

2. DATE
OF
DEATH

October 7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3606 Menlo Drive

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-28

D. STREET ADDRESS (If rural, give location)

3606 Menlo Drive

Length of stay in Baltimore

35 yrs.

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Merchant

11. BIRTHPLACE (State or foreign country)

Latvia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Hirsch Arenson

14. MOTHER'S MAIDEN NAME

Menucha

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Elia Arenson - 3606 Menlo Drive

18. *450.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Bronchial Pneumonia

10-2-52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic arterio sclerosis

2 years?

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 10*, 1950, to *Oct 7*, 1952, that I last saw the deceased alive on *Oct. 7*, 1952, and that death occurred at *5:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

M. J. Davidson, M.D.

23B. ADDRESS

3218 Eastern Ave

23C. DATE SIGNED

10-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10/8/52

Shaarei Tefilah

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol. Levinson & Pils - 1124-26 N. North Ave.

12 2123

CERTIFICATE OF DEATH

1. Name of deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of birth: [illegible]
5. Date of death: [illegible]
6. Place of death: [illegible]
7. Cause of death: [illegible]
8. Signature of physician: [illegible]
9. Signature of registrar: [illegible]
10. Date of registration: [illegible]

11. Name of informant: [illegible]
12. Address of informant: [illegible]
13. Signature of informant: [illegible]
14. Date of completion: [illegible]
15. Registrar's office: [illegible]
16. County: [illegible]
17. State: [illegible]

165
52 9167BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 9167

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Oscar Haberman

2. DATE
OF
DEATH

October 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4613 Park Heights Ave

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Havre de Grace 6-04

D. STREET ADDRESS (If rural, give location)

116 N. Washington Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 30, 1930

9. AGE (in years)

22

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

Samuel Haberman

14. MOTHER'S MAIDEN NAME

Bertrude Malitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Samuel Haberman - 116 N. Washington St

ADDRESS

Havre de Grace

18. 430.1

CAUSE OF DEATH

Havre de Grace

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Acute Endocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Acute Broncho Pneumonia

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/2 1952, to 10/6 1952, that I last saw the deceased alive on 10/6 1952, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

A. J. Hornstein

23B. ADDRESS

M. D.

204 E. Bradley St

23C. DATE SIGNED

10/7/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/7/52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

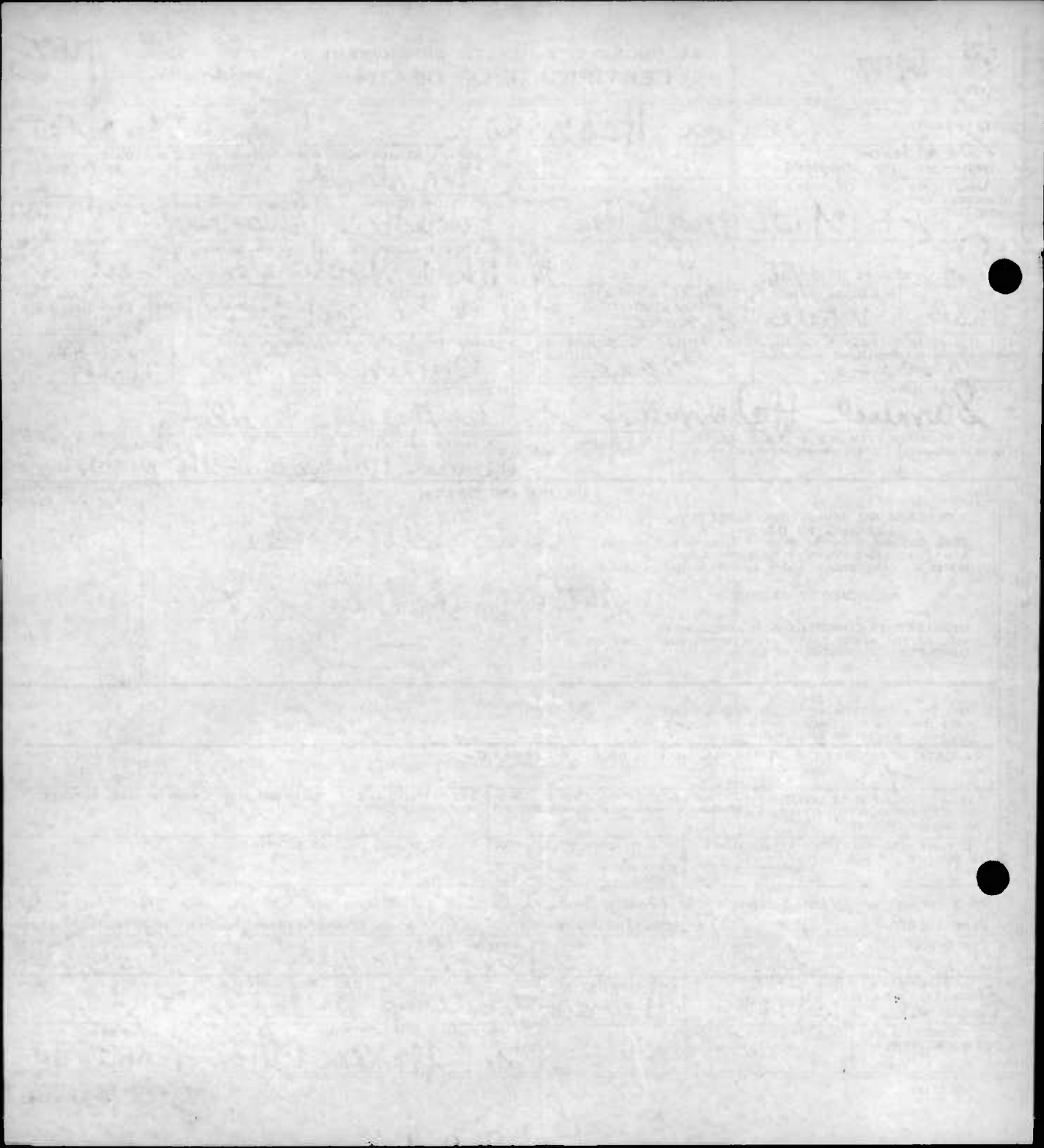
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol Johnson & Bros - 1124-26 W. North Avenue

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9168**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elmer F. Dixon

2. DATE OF DEATH **Oct. 3, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1005 N. Woodyear St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Aug. 9, 1891

9. AGE (in years last birthday)

61

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Buddy Carroll

14. MOTHER'S MAIDEN NAME

Ella Dixon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Ella T. Rav 1105 N. Woodyear St.

18. **442X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cardio Vascular Pencil

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Disease - Hypertensive

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **May**, 19**51**, to **October**, 19**52**, that I last saw the deceased alive on **Oct 1**, 19**52** and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/7/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CI 7-1952

Huntington Williams M.D. Geo. G. Kelson 1303 Presstman St.

DEPARTMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

12/25/2001

✓

52 9169

BIRTH NO.

M.L.B.163782

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

9169

1. NAME OF DECEASED (Type or Print) Saunders, Samuel M.		2. DATE OF DEATH 10-5-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2926 Elliott St		5. SEX Male	
6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH Sept 18, 1902		9. AGE (In years last birthday) 50 yrs	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN - INS.		10B. KIND OF BUSINESS OR INDUSTRY RETIRED	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Samuel Saunders		14. MOTHER'S MAIDEN NAME Catherine Muldwoon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMATION ADDRESS Balto. City Hospitals Records: 4940 Eastern Ave.		18. CAUSE OF DEATH Congestive Heart Failure Rheumatic Heart Disease	
19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office hldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-4 , 19 52 to 10-5 , 19 52 that I last saw the deceased alive on 10-5 , 19 52 , and that death occurred at 12:15 p.m. from the causes and on the date stated above.			
23A. SIGNATURE John M. Williams		23B. ADDRESS 4940 Eastern Ave. Baltimore Md.	
23C. DATE SIGNED 10.5.52		24. NAME OF CEMETERY OR CREMATORY SACRED HEART	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 10/8/52	
24C. LOCATION (City, town, or county) (State) BALTIMORE MD		24D. LOCATION (City, town, or county) (State) BALTIMORE MD	
DATE RECEIVED BY LOCAL REGISTRAR OCT 7 - 1952		REGISTRAR'S SIGNATURE John M. Williams, M.D.	
25. FUNERAL DIRECTOR Clarence F. Hoffmann		ADDRESS 1639 Broadway	

45073

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of coroner		14. Signature of jury		15. Signature of jury	
16. Signature of jury		17. Signature of jury		18. Signature of jury	
19. Signature of jury		20. Signature of jury		21. Signature of jury	
22. Signature of jury		23. Signature of jury		24. Signature of jury	
25. Signature of jury		26. Signature of jury		27. Signature of jury	
28. Signature of jury		29. Signature of jury		30. Signature of jury	
31. Signature of jury		32. Signature of jury		33. Signature of jury	
34. Signature of jury		35. Signature of jury		36. Signature of jury	
37. Signature of jury		38. Signature of jury		39. Signature of jury	
40. Signature of jury		41. Signature of jury		42. Signature of jury	
43. Signature of jury		44. Signature of jury		45. Signature of jury	
46. Signature of jury		47. Signature of jury		48. Signature of jury	
49. Signature of jury		50. Signature of jury		51. Signature of jury	
52. Signature of jury		53. Signature of jury		54. Signature of jury	
55. Signature of jury		56. Signature of jury		57. Signature of jury	
58. Signature of jury		59. Signature of jury		60. Signature of jury	
61. Signature of jury		62. Signature of jury		63. Signature of jury	
64. Signature of jury		65. Signature of jury		66. Signature of jury	
67. Signature of jury		68. Signature of jury		69. Signature of jury	
70. Signature of jury		71. Signature of jury		72. Signature of jury	
73. Signature of jury		74. Signature of jury		75. Signature of jury	
76. Signature of jury		77. Signature of jury		78. Signature of jury	
79. Signature of jury		80. Signature of jury		81. Signature of jury	
82. Signature of jury		83. Signature of jury		84. Signature of jury	
85. Signature of jury		86. Signature of jury		87. Signature of jury	
88. Signature of jury		89. Signature of jury		90. Signature of jury	
91. Signature of jury		92. Signature of jury		93. Signature of jury	
94. Signature of jury		95. Signature of jury		96. Signature of jury	
97. Signature of jury		98. Signature of jury		99. Signature of jury	
100. Signature of jury		101. Signature of jury		102. Signature of jury	

DEMERS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9170

Registered No.

52 9170

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES
Joseph Demers

2. DATE
OF
DEATH

10/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1136 Forrest St

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

9. AGE (In years last birthday)

77

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

PAINTER CARPENTER

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-18-3386

17. INFORMANT

ADDRESS

Hospital Records

18. *151x*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

tubercular pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

carcinoma - stomach.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8/16/52

19B. MAJOR FINDINGS OF OPERATION

carcinoma, stomach.

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *10/3*, 19*52*, to *10/5*, 19*52*, that I last saw the deceased alive on *10/4*, 19*52*, and that death occurred at *2:20* a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Wiedefeld

23B. ADDRESS

Mary Hospital

23C. DATE SIGNED

10/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Oct. 8, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Rita Wiedefeld 9006 Biddle St

WARRANT

INVESTIGATION

REPORT

DATE

TIME

LOCATION

STATUS

REMARKS

SIGNATURE

DATE

TIME

LOCATION

STATUS

REMARKS

SIGNATURE

DATE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9171
Registered No.

52 9171
BIRTH NO.

1. NAME OF DECEASED (Type or Print) James Mulvenna		2. DATE OF DEATH 10-5-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-02	
Length of stay in Baltimore 30 yrs		D. STREET ADDRESS (If rural, give location) 908 N Charles St	
6. SEX Male	7. COLOR OR RACE White	8. DATE OF BIRTH April 10-1895	9. AGE (In years last birthday) 57
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker		11. BIRTHPLACE (State or foreign country) New Zealand	
13. FATHER'S NAME unknown		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		17. INFORMANT James J Mulvenna	
16. SOCIAL SECURITY NO. 214-16-4509		ADDRESS 1747 S Charles St	

18. E9160		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Asphyxiation due to			
ANTECEDENT CAUSES		(B) Carbon Monoxide			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 908 N. Charles St	
21D. TIME (Month) (Day) (Year) (Hour) found 10/5/52. 6a. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Asphyxiation by Carbon Monoxide from fire	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. [Signature]		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 10-5-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct 8-52		24C. NAME OF CEMETERY OR CREMATORY Balto National	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Frank H. Seitz ADDRESS 814 W 36th St	

1748 22

1812 23

1748 22

1748 22

520

52 9172

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9172

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Marie Mrs. Frances/Shimek		2. DATE OF DEATH Oct. 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE 911 N. Lakewood Ave. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 5, Md.	
Length of stay in Baltimore 56		D. STREET ADDRESS (If rural, give location)	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/8/96
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 56
13. FATHER'S NAME Joseph Kolousek		11. BIRTHPLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Emma Drda	
17. INFORMANT Mr. Frank Shimek-Husband		ADDRESS Ave. 911 N. Lakewood	

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 13 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Cecum		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 9-24-51		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Cecum		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (If g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 9/24 , 19 52 to 10/4 , 19 52 that I last saw the deceased alive on Oct 4 , 19 52 and that death occurred at 11:40 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE Huntington Williams, M.D.		23B. ADDRESS Bon Secours Hosp		23C. DATE SIGNED 10/4/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct. 8, 1952	24C. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24D. LOCATION (City, town, or county) (State) Horner's Lane, Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR OCT 7 - 1952		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. ADDRESS 2601-3-5 E. Madison St.	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

19520009167

0-4-2

7012

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LILIE D. JARRETT

2. DATE OF DEATH
October 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **4703 Hampton Ave.**

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE **Md.** B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION
Pine Ridge Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 7-01

Length of stay in Baltimore **life**
Yrs. _____ Mos. _____ Days _____

D. STREET ADDRESS (If rural, give location)
715 N. Curley St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Jan. 28, 1880

9. AGE (In years last birthday)
72

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)
Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Charles H. D. Brewington

14. MOTHER'S MAIDEN NAME

Lina Jarrett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
William Jarrett, husband, above

18. **170X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **CARCINOMA OF LT BREAST**

10 Mo

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) **GENERAL METASTASIS**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

MAY 1952

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA OF BREAST

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JULY**, 1952, to **OCT 5**, 1952, that I last saw the deceased alive on **OCT 5**, 1952, and that death occurred at **5 P.** m., from the causes and on the date stated above.

23A. SIGNATURE

James J. Kavanaugh M.D.

23B. ADDRESS

3014 McElderry St.

23C. DATE SIGNED

OCT-6-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 8, 1952

24C. NAME OF CEMETERY OR CREMATORY

Ebenezer Church Cem.

24D. LOCATION (City, town, or county) (State)

Chase, Md.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 7 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.

UNITED STATES OF AMERICA

W. J. L. L.



1911

1912

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1930

F 430
52 9174BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9174

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BELLE FLOOD

2. DATE
OF
DEATH

October 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

537 W. Biddle St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

537 W. Biddle St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 1, 1897

9. AGE (In years;
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Peter Garner

14. MOTHER'S MAIDEN NAME

Hattie Morgan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Robert Scott 4414 St. George Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardio
Vascular Disease

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29, 1951 to 10-5, 1952 that I last saw the
deceased alive on 10-3, 1952 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10-8-52

Mt. Auburn Cem.

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 7 - 1952

Huntington Williams, M.D.

Frances C. Hensley

578 W. Biddle St.

100 32

100 32

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

B-634
52 9175

BOARDLEY
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9175

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *Pearl Boardley*

2. DATE OF DEATH *October 3, 1952*
A. STATE *md.* B. COUNTY _____ before admission)

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Balto. City*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md.* B. COUNTY _____

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore *10-02*

D. STREET ADDRESS (If rural, give location)
806 N. Spring St.

Length of stay in Baltimore *Life* Yrs. _____ Mos. _____ Days _____

5. SEX *Female* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Married*

8. DATE OF BIRTH *March 6, 1898* 9. AGE (in years last birthday) *54* 10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY
At Home

11. BIRTHPLACE (State or foreign country)
Baltimore

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
Jesse Gallyard

14. MOTHER'S MAIDEN NAME
Elizabeth Heath

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No* (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. _____

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. *447X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Emilia*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive arteriosclerotic vascular disease*

DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *10-3*, 1952, to *10-3*, 1952, that I last saw the deceased alive on *10-3*, 1952, and that death occurred at *7:15 p. m.*, from the causes and on the date stated above.

23A. SIGNATURE *William O. Williams Jr.*

23B. ADDRESS *JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED *10-3-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
10/7/1952

24C. NAME OF CEMETERY OR CREMATORY
Mt Calvary Cem.

24D. LOCATION (City, town, or county) (State)
Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR
10-7-1952

REGISTRAR'S SIGNATURE
Huntington Williams M.

FUNERAL DIRECTOR
Elroy Wilson

ADDRESS
1001 Beantley ave.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.

W-300
52 9176BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9176

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Scott White		2. DATE OF DEATH Oct. 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bar-Wil-Ba Convalescent Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 40. Yers.		D. STREET ADDRESS (If rural, give location) 428 Colvin Street	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY In General	9. AGE (In years last birthday) 60
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
War # 1		14. MOTHER'S MAIDEN NAME Unknown	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mammie White 428 Colvin Street	

18. 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiovascular. DUE TO Hypertension. DUE TO Atherosclerosis	INTERVAL BETWEEN ONSET AND DEATH 18 months ? ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan**, 1951, to **5 Oct**, 1952, that I last saw the deceased alive on **5 Oct**, 1952, and that death occurred at **5 Oct** m., from the causes and on the date stated above.

23A. SIGNATURE O. C. Brunwell	23B. ADDRESS 2, Airsquad St	23C. DATE SIGNED 10-7-52
--------------------------------------	------------------------------------	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/8/1952	24C. NAME OF CEMETERY OR CREMATORY Balto. Nat. Cem.	24D. LOCATION (City, town, or county) (State) Baltimore
---	----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR ST 7-1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Elwyno Wilson 1000 Buntz Ave
---	--	--

CERTIFICATE OF DEATH

DISTRICT OF COLUMBIA

1918

[Faint, mostly illegible text and lines on a death certificate form. The form includes fields for name, date of birth, date of death, and cause of death, with handwritten entries that are difficult to decipher.]

52 9177

VMC-160227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 9177

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anderson Bell, Margaret

2. DATE
OF
DEATH

10-2-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

27 N. Carey Street

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Wid.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

clerk

13. FATHER'S NAME

William Fowler

8. DATE OF BIRTH

May 19, 1878

9. AGE (In years last birthday)

74

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Harriet Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Ave.

18. 420.1 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Myocardial Infarction

Immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

(B) Arteriolosclerotic Cardio-vascular disease

DUE TO

(C)

yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

20 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-18-1952, to 10-2-1952, that I last saw the deceased alive on 10-2-1952, and that death occurred at 1: P m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. [Signature]

23B. ADDRESS

M. D. 4940 Eastern Ave.

23C. DATE SIGNED

10-3-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-7-52

24C. NAME OF CEMETERY OR CREMATORY

mh Calvary Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Elroy Wilson

ADDRESS

1000 [Signature]

STATE OF NEW YORK
CERTIFICATE OF DEATH

10-1-20

10-1-20

10-1-20

10-1-20

10-1-20

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10-1-20

52 9178
BIRTH NO. *Non Res.*BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9178
Registered No.

1. NAME OF DECEASED (Type or Print) <i>John P. Morgan</i>			2. DATE OF DEATH <i>October 6, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>IF R/R 4E</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>St. Mary's</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN <i>Severna Park</i>		
D. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>6500</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>9-19-52</i>		9. AGE (In years last birthday) <i>17</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>md.</i>	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME <i>Dorothy</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. *770.0* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) *Congenital Familial Hem-*
ipemolytic anemia 2 terms
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
function of life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *9-27*, 1952, to *10-6*, 1952, that I last saw the deceased alive on *10-6*, 1952, and that death occurred at *8:40 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE *Neil H. Lewis* M. D. 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *OCT 7, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>10/9/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>MORGANZA CEM</i>	24D. LOCATION (City, town, or county) (State) <i>LEONARDTOWN MD</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 7 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Charles H. Cawson, Low</i>	

STATEMENT OF DEATH
CERTIFICATE OF DEATH

Completed by
[Signature]

Final Report

52 9179

CERTIFICATE CORRECTED

10-21-52

52 9179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUELLA R. WARD

2. DATE
OF
DEATH

10-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

48 MD. GEN. HOSP.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

MD - BALTO.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO. 28-41

D. STREET ADDRESS (If rural, give location)

3712 N. ROGERS AVE #7

Length of stay in Baltimore

12

Yrs.
Mons
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

2-7-05

9. AGE (in years
last birthday)

47-8

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.J.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

THOMAS STOUT

14. MOTHER'S MAIDEN NAME

STELLA DILTS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

SAMUEL WARD

ADDRESS

SAME

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHSEVERAL
MONTHSSEVERAL
YEARS

"

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) GLOMERULONEPHRITIS

DUE TO

(C) HYPERTENSIVE CARDIOVASCULAR RENAL
DISEASE

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 9-29, 1952 to 10-7, 1952 that I last saw the
deceased alive on 10-7, 1952 and that death occurred at 9:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

A. Duckworth

M. D.

23B. ADDRESS

Md. Gen. Hosp.

23C. DATE SIGNED

10-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10-8-1952

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Philadelphia Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

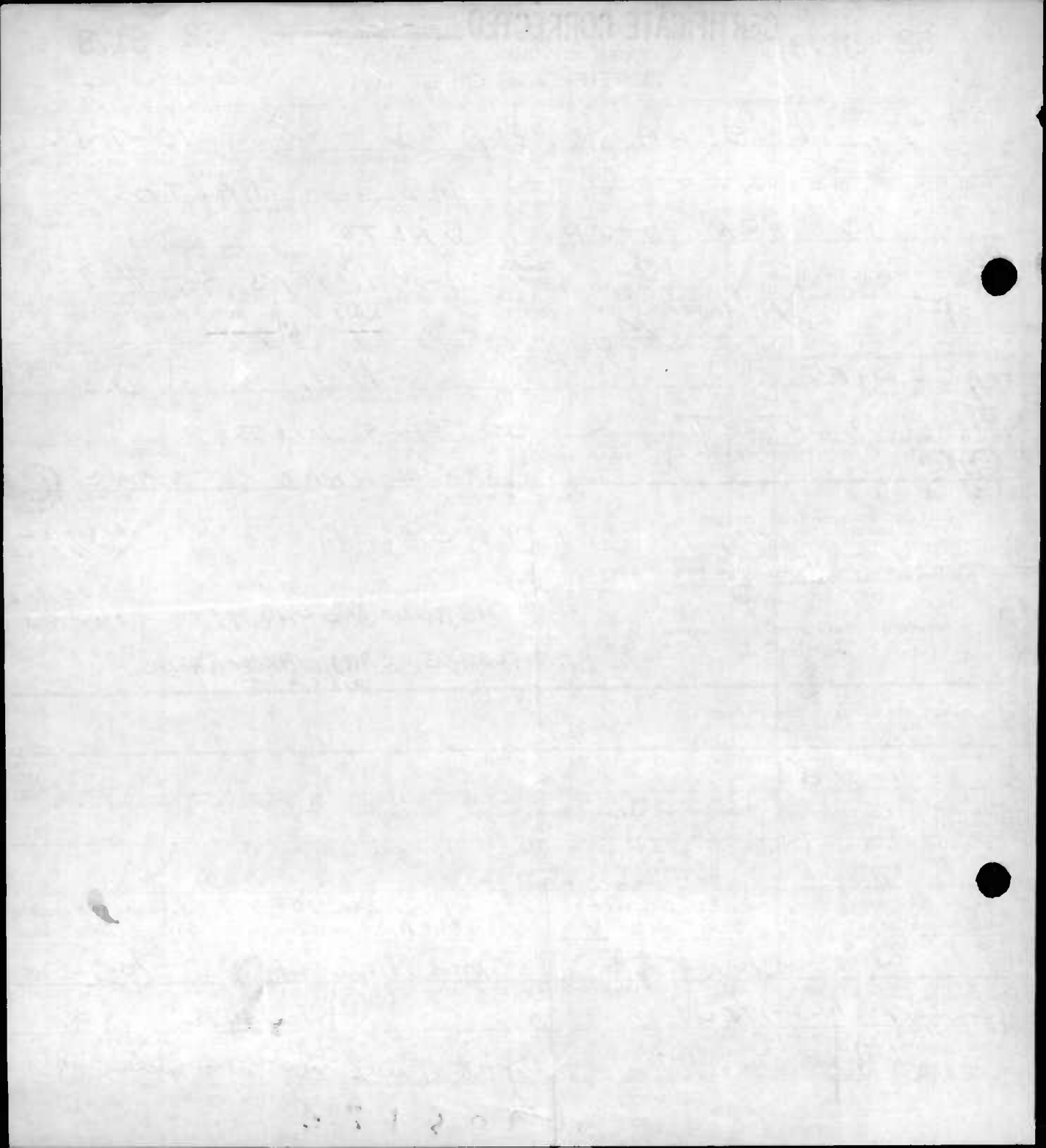
J. Lewis Mc- 2100 Eutan Pl.

OCT 7 - 1952

VS 150

19520009174

MEDICAL CERTIFICATION



52 9180

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9180

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACOB PUSHKIN

2. DATE
OF
DEATH

6 Oct '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

BALTO

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Sinner Hospital of Balto, Inc

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2604 LOYOLA SOUTHWAY

Length of stay in Baltimore

40 years

5. SEX

m

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married -

8. DATE OF BIRTH

9. AGE (In years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

67

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lapchanger

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S. 9.

13. FATHER'S NAME

Israel Pushkin

COV. T.

14. MOTHER'S MAIDEN NAME

Webozah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Max Pushkin 2604 Loyola S. Way

18. 541.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction

3 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bleeding duodenal ulcer

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Sept, 1952, to 6 Oct, 1952, that I last saw the deceased alive on 6 Oct, 1952, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

James W. Brown, M.D.

23B. ADDRESS

Sinner Hospital

23C. DATE SIGNED

7 Oct '52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 7 - 1952

Huntington Williams, M.D.

James Lewis, Inc.

2100 - Eutaw St

VS 150

16524

52 9181

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 52 9181
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MR. FRANCIS GILBERT ENSOR

2. DATE
OF
DEATH

OCT. 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

CATONSVILLE

5352

D. STREET ADDRESS (If rural, give location)

420 INGLESIDE AVE.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MARCH 6, 1906

9. AGE (In years last birthday)

46

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

General manager

10B. KIND OF BUSINESS OR INDUSTRY

Anderson Motor Co.

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOSEPH G. ENSOR

AUTO (R)

14. MOTHER'S MAIDEN NAME

NENA SUNDERGILL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. MILDRED ENSOR

BALTO. MD

18. 591X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

intestinal neoplasia, subacute

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct. 3, 1952 to Oct. 6, 1952, that I last saw the deceased alive on Oct. 6, 1952, and that death occurred at 4:45 A.M., from the cause and on the date stated above.

22A. SIGNATURE

22B. ADDRESS

22C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

7-1952

Huntington Williams, M.D.

Mac Nab + Son

VS 150

1952 06 J 9 Catonsville 28

MEDICAL CERTIFICATION

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

STATE OF TEXAS
COUNTY OF DALLAS

Know all men by these presents, that

JOHN A. HARRIS

of the County of Dallas, State of Texas,

do hereby certify that

JOHN A. HARRIS

is the owner of

the following described land, to-wit:

JOHN A. HARRIS

Section 1, Township 10N, Range 12E, County of Dallas, State of Texas.

Containing 36.00 acres of land.

Witness my hand and seal this 1st day of March, 1900.

JOHN A. HARRIS

JOHN A. HARRIS

530
52 9182
52-24689

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 9182

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES WARREN SCHMIDT

2. DATE
OF
DEATH

10/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Lutheran Hosp. of Md.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

10-6-52

9. AGE (In years;
last birthday)

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

20

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Adam Schmidt

14. MOTHER'S MAIDEN NAME

Verla Elvira Latta

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 754.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Anoxia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coarctation of aorta, interauricular

DUE TO

septal defect, patent ductus

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 10/6, 1952 to 10/6, 1952 that I last saw the deceased alive on 10/6, 1952 and that death occurred at 12:45 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J.P. Weyers, M.D. St. Luther Hosp. of Md. 10/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10/7/52

Holy Redeemer

Belair Rd Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 7 - 1952

Huntington Williams, M.D.

Mildred J. Light, 6009 Harbor Rd

23 0105

RECEIVED BY THE DEPARTMENT OF HEALTH

23 0105

CERTIFICATE OF DEATH

NAME

DATE

AGE

SEX

PLACE OF BIRTH

DATE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

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CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9183
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT FIELDS

2. DATE
OF
DEATH

10-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland **BALTO. Md.**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

Length of stay in Baltimore

58 YRS.

Yrs.
Mos.
Days

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

BALTO

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

6-01

D. STREET ADDRESS (If rural, give location)

102 N. STREEPER ST.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MACHINIST

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

WILLIAM FIELDS

Shp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

YES

(If yes, give war or dates of service)

W. W. - 1

16. SOCIAL SECURITY NO.

216-07-0895

17. INFORMANT

ADDRESS

MRS. MARGAUCRITZ FIELDS 102 N STREEPER ST.

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Cardiovascular

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection + Inquiry** and from the evidence obtained by said ~~Autopsy~~ **Inspection + Inquiry**, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Francis J. Januszewski

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

10-6-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

10-10-52

24C. NAME OF CEMETERY OR CREMATORY

LORRAINE PARK

24D. LOCATION (City, town, or county)

BALTIMORE MD.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 7 - 1952

REGISTRAR'S SIGNATURE

W. W. Wilkins

25. FUNERAL DIRECTOR

B. DABROWSKI 214 E. BALTIMORE ST.

V S 151

52 058834

263

52 9184

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9184

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles A. Weikert

2. DATE
OF
DEATH

10/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2327 N. Charles St.

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md.

12-06

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

D. STREET ADDRESS (If rural, give location)

10 W. 24th St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

5/10/1885

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Baking

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Adolph Weikert

14. MOTHER'S MAIDEN NAME

Anna (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mary M. Gillett 10 W. 24th St.

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) GASTRIC CARCINOMA

DUE TO

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

malnutrition

sev mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1951, to Oct. 5, 1952, that I last saw the
deceased alive on Oct. 4, 1952, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Elsworth Cook

M. O.

23B. ADDRESS

2431 MARYLAND AVENUE

23C. DATE SIGNED

10-6-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/8/52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul St.

VS 150

50044

MEDICAL CERTIFICATION

500

52 9185

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9185

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Benjamin F. DAMM

2. DATE
OF
DEATH

10/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 24-02

D. STREET ADDRESS (If rural, give location)

411 Warren Ave.

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Chemical Co.

13. FATHER'S NAME

John Damm

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

217-18-6050

17. INFORMANT

Patient.

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular accident

DUE TO

11 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) hypertensive cardiovascular disease

DUE TO

2 yr.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5 to 10/6, 1952, that I last saw the deceased alive on 10/5, 1952, and that death occurred at 530 A.M., from the causes and on the date stated above.

23A. SIGNATURE

R. J. J. J.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

10/6/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/8/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. in Charge, Inc., 1217 St. Paul St.

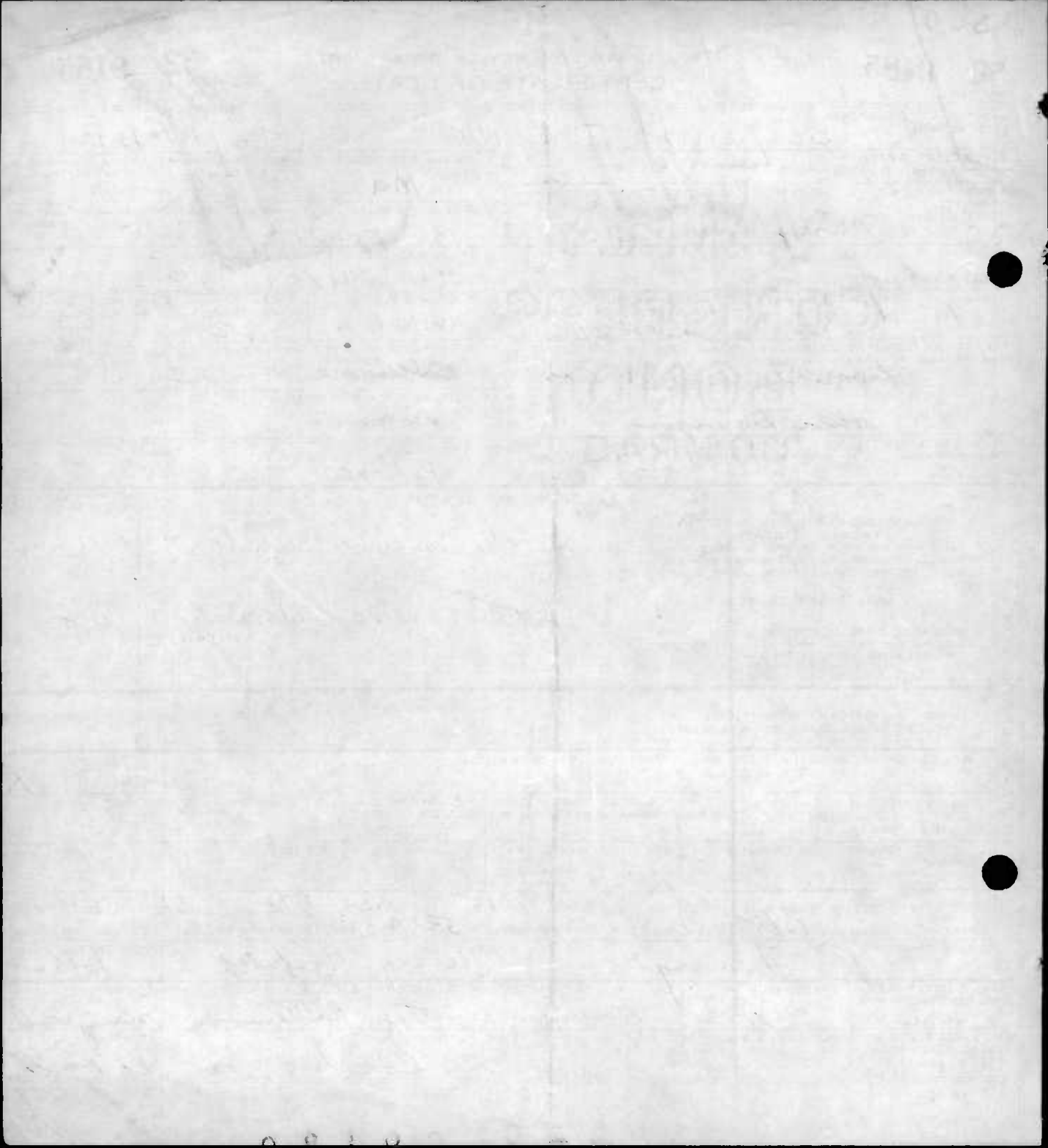
25. FUNERAL DIRECTOR

ADDRESS

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8794R



52 9186

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9186

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALDON

MORGAN

2. DATE
OF
DEATH

October 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3405 Paton Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Sparrows Point

D. STREET ADDRESS (If rural, give location)

920 1st Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Colore

6. COLOR OR RACE

Male

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

July 13, 1901

9. AGE (In years
last birthday)

51

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steel Worker

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

John Morgan

MILL
A)

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Millie Garner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Cecil Henry Anderson

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
10/6/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Richmond Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V S 151

6903A 1129 N. Caroline St.

0810 52

RECEIVED - 10/10/50
OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
CENSUS

8618 52

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AD-108675
52 9187
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9187
Registered No.

1. NAME OF DECEASED (Type or Print) Edward Brown		2. DATE OF DEATH 10-1-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals, Balto., Md.	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 7- 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		9. AGE (In years last birthday) 70	11. BIRTHPLACE (State or foreign country) Maryland
10B. KIND OF BUSINESS OR INDUSTRY Gen.		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13. FATHER'S NAME Robert Brown		14. MOTHER'S MAIDEN NAME Rosie Gross	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals		ADDRESS Records: 4940 Eastern Ave.	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral Vascular Accident		3 days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-24- ¹⁹ 47 to 10-1- ¹⁹ 52 , that I last saw the deceased alive on 10-1-52 , 19 52 , and that death occurred at 1.05P m., from the causes and on the date stated above.					
23A. SIGNATURE H. C. Johnson		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 10-3-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/8/1952		24C. NAME OF CEMETERY OR CREMATORY St. Zion Cem	
24D. LOCATION (City, town, or county) (State) Lansdowne Md		25. FUNERAL DIRECTOR Mr. Katie R. Williams		ADDRESS 322 N Schroeder St	
DATE RECEIVED BY LOCAL REGISTRAR OCT 7 - 1952					

DEPARTMENT OF HEALTH
CENTRAL BUREAU OF VITALS

1913

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-325-

52 9188

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9188

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) OSCAR BRIGHT MITCHENER			2. DATE OF DEATH 10-6-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION 920 LOW ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore 4			D. STREET ADDRESS (If rural, give location) 920 LOW ST.		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 2, 1883		9. AGE (In years last birthday) 69 yr
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School		10B. KIND OF BUSINESS OR INDUSTRY Un General	11. BIRTHPLACE (State or foreign country) SHELMA N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME UNKNOWN			14. MOTHER'S MAIDEN NAME ELLEN MITCHENER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 177X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) CARCINOMATOSIS	?	
ANTECEDENT CAUSES		(B) CARCINOMA of PROSTATE	?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Aug 11, 1952**, to **OCT. 5, 1952**, that I last saw the deceased alive on **SEPT. 30, 1952**, and that death occurred at **5:35 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE Thomas W. Harris		23B. ADDRESS 824 W. Franklin St.		23C. DATE SIGNED 10-6-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/11/52	24C. NAME OF CEMETERY OR CREMATORY Mitchener Cem.	24D. LOCATION (City, town, or county) (State) Selma, N.C.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 7 - 1952		25. FUNERAL DIRECTOR Elroy O. Wilson 1011 Beantley Ave		

Huntington Williams, M.D.
20 97099

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FEDERAL BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

NO. 100-100000

INVESTIGATION OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

MARRIAGE

CHILDREN

SIBLINGS

PARENTS

GRANDPARENTS

OTHER RELATIVES

SOCIAL HISTORY

PSYCHOLOGICAL HISTORY

PHYSICAL HISTORY

MEDICAL HISTORY

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 9189
BIRTH NO. 52-19710

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9189
Registered No.

1. NAME OF DECEASED (Type or Print) Baby girl McCubbin		2. DATE OF DEATH 8/29/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18 27-10	
Length of stay in Baltimore 5 mos. Days		D. STREET ADDRESS (If rural, give location) 908 Belgium Ave.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 8/25/51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 8		10B. KIND OF BUSINESS OR INDUSTRY 0	
13. FATHER'S NAME T. King McCubbin		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 0		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 0		14. MOTHER'S MAIDEN NAME Mary Ann Lamb	
17. INFORMANT Patient's Hosp. record		ADDRESS	

18. 76215 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Prematurity	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) Premature rupt. of mem.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Atelectasis of Lungs DUE TO (C)	

19A. DATE OF OPERATION 0 2	19B. MAJOR FINDINGS OF OPERATION 0	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 0	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 0	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 0
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 0	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? 0
22. I hereby certify that I attended the deceased from 8/25, 1951, to 8/19, 1951, that I last saw the deceased alive on 8/27, 1951, and that death occurred at 11:08 m., from the causes and on the date stated above.		

23A. SIGNATURE Roy L. Brown	23B. ADDRESS Union Memorial Hosp.	23C. DATE SIGNED 10/1/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 8/29/52	24C. NAME OF CEMETERY OR CREMATORY Union Mem. Hosp. Md.
24D. LOCATION (City, town, or county) (State) Baltimore Md.	25. FUNERAL DIRECTOR Huntington Williams, M.D.	ADDRESS
DATE RECEIVED BY LOCAL REGISTRAR OCT 8 - 1952		

CERTIFICATE OF DEATH

52 9190

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9190
Registered No.

BIRTH NO. 52-23216

1. NAME OF DECEASED
(Type or Print)

Infant of Inez Patrick

(158868)

2. DATE
OF
DEATH

September 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION The Johns Hopkins Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
465 Walton Court - 1

Length of stay in Baltimore

Infant

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

September 22, 1952

9. AGE (In years last birthday)

If Under 1 Year
Months: Days

1

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY
-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Patrick

14. MOTHER'S MAIDEN NAME

Inez White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Prematurity
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept. 22, 1952, to Sept. 23, 1952 that I last saw the deceased alive on Sept. 23, 1952, and that death occurred at 8.10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

The Johns Hopkins Hospital

9/25/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

OCT 8 - 1952

Huntington Williams, M.D.

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01/10

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52 9191

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9191

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HENRY Mr. Charles Snack		2. DATE OF DEATH Oct. 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Doctors Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland, Baltimore - B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Doctors Hospital 2724 N. Charles St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 49		D. STREET ADDRESS (If rural, give location) 3040 LINWOOD AVE.	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4-11-1904
9. AGE (In years last birthday) 48	10. UNDER 1 Year Months: Days: Hours: Min.	11. BIRTHPLACE (State or foreign country) Baltimore - Md	12. CITIZEN OF WHAT COUNTRY? U.S.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) test clerk		10B. KIND OF BUSINESS OR INDUSTRY C&P. telephone	
13. FATHER'S NAME William F. SNACK.		14. MOTHER'S MAIDEN NAME EFFIE BOTTLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unknown		16. SOCIAL SECURITY NO. 3040	
17. INFORMANT MRS. EDNA V. SNACK-LINWOOD		ADDRESS 3040	

18. **420.0**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Coronary thrombosis**
DUE TO**2 1/2 yrs.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerotic Heart Disease with Hypertension**
DUE TOII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**Chronic Nephritis**

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **May**, 1949, to **Oct. 5**, 1952, that I last saw the deceased alive on **Oct. 4**, 1952, and that death occurred at **10:45** a. m., from the causes and on the date stated above.

23A. SIGNATURE Nathan Janney		23B. ADDRESS 7101 Harford Rd.		23C. DATE SIGNED 10/6/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-8-52		24C. NAME OF CEMETERY OR CREMATORY Meadowridge Mem Pk	
24D. LOCATION (City, town, or county) (State) Elkridge Md		25. FUNERAL DIRECTOR L. J. Ruck		ADDRESS 5305 Harford Rd.	
DATE RECEIVED BY LOCAL REGISTRAR Oct 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

540 57

Dr. Nathan J. Jancy

7101 Harford Rd.

Chronic Nephritis

Chronic Nephritis

Chronic Nephritis

100

513
130 9192

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9192

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Albert F ANFT, SR. (AUF)</i>			2. DATE OF DEATH <i>10/6/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>MERCY HOSPITAL.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-06</i>		
Length of stay in Baltimore <i>61</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2315 Cloville Ave.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>June 26 1891</i>	9. AGE (In years last birthday) <i>61</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>purchasing agent</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Canning Mach-</i>	11. BIRTHPLACE (State or foreign country) <i>13 Baltimore - Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>unknown.</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Preller.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>unknown.</i>		16. SOCIAL SECURITY NO. <i>214-01-7777</i>		17. INFORMANT <i>Helen M Auf.</i> ADDRESS <i>same.</i>	

18. <i>578X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>hemorrhage of intestines, pericardium, pleura, G.U. tract</i> DUE TO (B) <i>Dicumarol toxicity</i> DUE TO (C) <i>Arterio sclerotic heart disease.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>about 1 wk.</i>	
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19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/6</i> , 19 <i>52</i> to <i>10/6</i> , 19 <i>52</i> ; that I last saw the deceased alive on <i>10/6</i> , 19 <i>52</i> , and that death occurred at <i>1:30</i> Am., from the causes and on the date stated above.					
23A. SIGNATURE <i>RH Twining</i>		23B. ADDRESS <i>Mercy Hospital.</i>		23C. DATE SIGNED <i>10/6/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-10-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Park Balto Md</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>5305 Hayford Rd</i>	

MEDICAL CERTIFICATION

19520084 09100

BIRTH NO.

I. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sion'i Hosp. of Balto, Inc

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 200.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Lymphosarcoma

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1/52, 1952, to 10/7, 1952, that I last saw the
deceased alive on 10/7, 1952, and that death occurred at 9:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

8000

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52 9194
BIRTH NO. 48-04847BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9194
Registered No.

1. NAME OF DECEASED (Type or Print) John Gesina 3rd			2. DATE OF DEATH October 7, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Bon Secours Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-03		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2618 Mura St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2/21/48		9. AGE (in years last birthday) 4
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John T. Gesina			14. MOTHER'S MAIDEN NAME Staszak Agnes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Father ADDRESS same		

18. 193x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intracranial Tumor (Pontine Glioma)		INTERVAL BETWEEN ONSET AND DEATH 4 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Sept. 3, 1952	19B. MAJOR FINDINGS OF OPERATION Pontine Glioma	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Aug. 19, 1952 , to Oct. 7, 1952 , that I last saw the deceased alive on Oct. 7, 1952 and that death occurred at 8:05 A.M. , from the causes and on the date stated above.		

23A. SIGNATURE William A. Pillsbury M.D.	23B. ADDRESS Bon Secours Hospital	23C. DATE SIGNED 10/7/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct 10th	24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus
24D. LOCATION (City, town, or county) (State) 1300 Dundalk ave.	25. FUNERAL DIRECTOR George A. Weber ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR Oct 8 - 1952		
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		

19520008180

MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 9195

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Clarence Hardvip Grier</u>			2. DATE OF DEATH <u>Oct. 6, 1952</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Baltimore City Hospitals</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>18-01</u>		
C. Length of stay in Baltimore <u>life</u> Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>912 Pierce Street (23)</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 3, 1944</u>		9. AGE (In years last birthday) <u>8</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Clarence Grier</u>			14. MOTHER'S MAIDEN NAME <u>Margaret Grier</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Records: B.C.H., 4940 Eastern Avenue</u>		

18. <u>010X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Tubercular meningitis</u> DUE TO (A) _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Ap. 7 weeks</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Aug. 13, 1952, to Oct. 6, 1952, that I last saw the deceased alive on Oct. 6, 1952, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Hughes</u>	23B. ADDRESS M. D. <u>4940 Eastern Avenue</u>	23C. DATE SIGNED <u>Oct. 6, 1952</u>
---------------------------------	--	---

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Maryland</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>Oct 8 - 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR ADDRESS <u>A. Halstead - 918 Spruid Hill Ave.</u>	

MEDICAL CERTIFICATION

52 9196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9196

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Ethel Watkins*2. DATE
OF
DEATH*10-6-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*University Hospital*

C. Length of stay in Baltimore

25

5. SEX

Female

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Separated*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*None*10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

*Horatio SMITH*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

*MAY 6 1910*9. AGE (In years
last birthday)*42*

If Under 1 Year

Months Days

If Under 24 hours

Hours Min.

11. BIRTHPLACE (State or foreign country)

*Pennsylvania*12. CITIZEN OF
WHAT COUNTRY?*A.S.*

14. MOTHER'S MAIDEN NAME

HANNAH ROSS

17. INFORMANT

ADDRESS

*MISS E. WATKINS 2353 SLOANE AVE*18. *416x*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

*Acute Bronchial Asthma**21 hrs.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

*Chronic Congestive Heart Failure**3 yrs*

DUE TO

(C)

*Rheumatic Heart Disease**3 1/2 yrs.*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-6* 19*52* to *10-6*, 19*52* that I last saw the
deceased alive on *10-6*, 19*52*, and that death occurred at *11:30* P.m., from the causes and on the date stated above.

23A. SIGNATURE

A.D. Richardson

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

*10-7-52*24A. BURIAL, CREMA-
TION, REINTERMENT

24B. DATE

10/9/52

24C. NAME OF CEMETERY OR CREMATORY

LOUNSON PK

24D. LOCATION (City, town, or county) (State)

*FREDERICK Rd*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

GEO. LEIMBACH 122 N. LYNCH ST

6038

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

2018

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

CAUSE OF DEATH

MANNER OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF RETURN

PLACE OF RETURN

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

52 9197

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9197

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAUL JOSHUA

SPITZBARTH

2. DATE
OF
DEATH

10-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-01

D. STREET ADDRESS (If rural, give location)

502 E. 39th ST.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9-25-1952

9. AGE (In years,
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

12

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

PAUL J. SPITZBARTH

14. MOTHER'S MAIDEN NAME

CLAIRE ANNA MCCANN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Paul J. Spitz Barth

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) INMaturity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Sep. 25, 1952, to Oct. 7, 1952, that I last saw the deceased alive on Oct. 7, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

Bon Secours Hospital

10/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 8 - 1952

Huntington Williams, M.D.

John A. Moran, 3000 E. Balto St

YSL.3982

50 - Z.3972

830.7970

250

52 9198

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9198

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Roger Dixon

2. DATE
OF
DEATH

10/7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital of Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-02

D. STREET ADDRESS (If rural, give location)

2124 West Lexington St.

E. Length of stay in Baltimore

46

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

5/20/06

9. AGE (In years
last birthday)

46

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Railway Express Co.

11. BIRTHPLACE (State or foreign country)

Frederick, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Singleton Dixon

14. MOTHER'S MAIDEN NAME

Bessie Bucher

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Singleton Dixon 2124 W. Lexington St.

18. 150X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Ca of esophagus with
metastases in liver, brain
lungs and bonesINTERVAL BETWEEN
ONSET AND DEATH

9 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1952 to Oct. 7, 1952 that I last saw the
deceased alive on Oct. 7, 1952, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Mr. S. R. R. R.

M. D.

23B. ADDRESS

Lutheran Hosp. of Md.

23C. DATE SIGNED

10/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/10/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county) (State)

4300 Old Frederick Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan Son Hollins

ADDRESS

St.

OCT 8 - 1952

VS 150

1 4 539056

Correct as to cause of death clearly and legibly. Physicians: Please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

899

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

899

1918

OFFICE OF THE SECRETARY

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

UNITED STATES DEPARTMENT OF AGRICULTURE

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OFFICE OF THE SECRETARY

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

530

52 9199

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9199

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Leila E. Smith</i>		2. DATE OF DEATH <i>10/6/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Lutheran Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 28-04</i>	
Length of stay in Baltimore <i>42</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>819 Cooke Lane</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>10/13/1902</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (in years last birthday) <i>49</i>
11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Robert Burns</i>		14. MOTHER'S MAIDEN NAME <i>Mary Shipman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mr. Calvin A. Smith</i>		ADDRESS <i>819 Cooke Lane</i>	

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 day.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

*Chronic myocarditis with**5 months*

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *March 31, 1952 to October 6, 1952*, that I last saw the deceased alive on *Oct 6, 1952* and that death occurred at *7* Am., from the causes and on the date stated above.

23A. SIGNATURE

L. G. Lally MD

M. D.

23B. ADDRESS

3517 Edmondson Ave

23C. DATE SIGNED

Oct 6, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**10/9/52**Louisa Park Cem**3801 Frederick Ave*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*OCT 8 - 1952**Huntington Williams, MD**John J. Cowan**son Hollins*

19520009194

MEDICAL CERTIFICATION

0210 52

HYASCO, MA 01901

DO-1

MAILED
JAN 10 1960
U.S. MAIL
HYASCO, MA 01901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9200
Registered No.

52 9200

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARISSA H. HAYDEN

2. DATE
OF
DEATH

10-6-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1928 WINDSOR AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1928 WINDSOR AVE

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

MARRIED

8. DATE OF BIRTH

11-10-1882

9. AGE (in years

69

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work doing most of working time, even if retired)

H. WIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOSEPH B. NORRIS

14. MOTHER'S MAIDEN NAME

ALICE EVANS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

CLARENCE J. HAYDEN WINDSOR AVE

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic heart disease

3 yrs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 23, 1952, to Oct 6, 1952, that I last saw the deceased alive on Oct 4, 1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. Edward Leach

M. D.

23B. ADDRESS

14 E. Eager St.

23C. DATE SIGNED

10/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10-9-1952

24C. NAME OF CEMETERY OR CREMATORY

Pessame Park Bur Woodlawn

24D. LOCATION (City, town, or county)

Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

North C & B. M. Walters

ADDRESS

Pratt & Stricker & Co

1000-1000

THE NEW YORK PUBLIC LIBRARY
ASTOR LENOX TILDEN FOUNDATION

1952 32

1000-1000

1000-1000

1000-1000

1000-1000

1000-1000

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1000-1000

1000-1000

1000-1000

1000-1000

1000-1000

1000-1000

1000-1000

52 9201

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9201

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Lula Hightower

2. DATE
OF
DEATH Oct. 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

908 Linden Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2833 Bookert Drive-Cherry Hill

Length of stay in Baltimore

4 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Coloerd

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar. 1, 1882

9. AGE (In years,
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Pittsylvania Co., Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Gilbert Cole

14. MOTHER'S MAIDEN NAME

Hesta Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Grace White 2833 Bookert Drive

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Coronary occlusion

Arteriosclerotic heart dise

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORKNOT WHILE
AT WORK22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept. 9, 1952

Arbutus Mem. Park

Baltimore Co., Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 8 - 1952

Hurlington Williams, M.D.

Holland Funeral Home-1631 Druid Hill

VS J50

Note: This certificate was signed by permission of the Ave. medical examiner. I had not treated the dead 9d but obtained the diagnosis from Dr. Sam Kirk, M.D. medical care supervisor, D.C.C.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9202

Registered No. _____

52 9202

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Margaret Phoebe

2. DATE OF DEATH

Oct 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

med. Oct 3

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

md.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2420 Jefferson St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

Female

White

Widowed

10-1-1887

65

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

maid

Johns Hopkins Hospital

md.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

William Proctor

Martha -- unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

317-26-0765

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *cerebral vascular accident*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *hypertensive arteriosclerotic cerebral vascular disease*

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *10-7-*, 19*52*, to *10-7-*, 19*52*, that I last saw the deceased alive on *10-7-*, 19*52* and that death occurred at *3:15* p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

William C. Mathison, Jr.

M. D.

JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Buried

Oct 11/52

Baldwin

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 8 - 1952

Huntington Williams, M.D.

Philip Horvath, Son

2024 Orleans St

52 9203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9203
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Garrett Minor

2. DATE
OF
DEATH

10-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3022 Ascension Ave.

D. STREET ADDRESS (If rural, give location)

3022 Ascension Ave.

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 17, 1877

9. AGE (in years
last birthday)

72

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

8 14

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WATCHMAN

10B. KIND OF BUSINESS OR
INDUSTRY

CONSTRUCTION

11. BIRTHPLACE (State or foreign country)

mobile, ALA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

not known (John Minor)

14. MOTHER'S MAIDEN NAME

not known Catherine Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

(If yes, give war or dates of service)

350-05-0872

17. INFORMANT

Mrs Elsie Owens

ADDRESS

Same

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

3 mo.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arterio-sclerotic Heart Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952 to Sept. 30, 1952, that I last saw the
deceased alive on Sept 30, 1952, and that death occurred at 9 A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. L. Luck

M. D.

23B. ADDRESS

427 Swale Ave

23C. DATE SIGNED

10-1-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 4, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

24D. LOCATION (City, town, or county)

Westport, Baltimore, Ind.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph L. Russ 1200 McCulloch St.

ADDRESS

OCT 2 - 1952

VS 150

19520009128

MEDICAL CERTIFICATION

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
1500 CALIFORNIA STREET, SACRAMENTO, CALIF. 95834
TELEPHONE 442-1111

511
52 9204BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHReleased
by Medical Examiner
Registered No. 52-7-52
9204

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George E. Campbell

2. DATE
OF
DEATH

Oct 7-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

14 Howard Ave (28)

5. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov 9-1901

9. AGE (In years
last birthday)

50

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Paper Box Factory

10B. KIND OF BUSINESS OR
INDUSTRY

Paper Boxes

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry Campbell Dech

14. MOTHER'S MAIDEN NAME

Ella Walla

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-07-5224

17. INFORMANT

ADDRESS

Marian Campbell, Catonsville, Md.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Coronary thrombosis
DUE TO A.S.C. V.D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7, 1952 to 10-7, 1952 that I last saw the
deceased alive on 10-7, 1952 and that death occurred at 5:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George E. Campbell

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

10-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10-10-1952

24C. NAME OF CEMETERY OR CREMATORY

Good Shepherd

24D. LOCATION (City, town, or county)

Ellicott City, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 8-1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

F.C. Higinbotham, Ellicott City, Md.

CERTIFICATE OF DEATH

<p>1. Name of deceased: <u>WILLIAM J. BROWN</u></p>		<p>2. Sex: <u>Male</u></p>	
<p>3. Date of birth: <u>10-15-1925</u></p>		<p>4. Place of birth: <u>NEW YORK, N.Y.</u></p>	
<p>5. Date of death: <u>11-10-1978</u></p>		<p>6. Place of death: <u>NEW YORK, N.Y.</u></p>	
<p>7. Cause of death: <u>HEART DISEASE</u></p>		<p>8. Manner of death: <u>NATURAL</u></p>	
<p>9. Signature of physician: <u>[Signature]</u></p>		<p>10. Signature of registrar: <u>[Signature]</u></p>	
<p>11. Date of registration: <u>11-15-1978</u></p>		<p>12. Place of registration: <u>NEW YORK, N.Y.</u></p>	

VMC-163690

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9205

Registered No.

BIRTH NO. 52 9205

1. NAME OF DECEASED (Type or Print) Alvin Choate			2. DATE OF DEATH 10-7-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore--22		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore--22		
5. Length of stay in Baltimore 26 yrs.			D. STREET ADDRESS (If rural, give location) 1713 Bayard Ave.--22		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 26, 1885		9. AGE (In years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER (RET.)			10B. KIND OF BUSINESS OR INDUSTRY STEEL MFG.		11. BIRTHPLACE (State or foreign country) Missouri
13. FATHER'S NAME I			12. CITIZEN OF WHAT COUNTRY? U.S.A.		14. MOTHER'S MAIDEN NAME EVA (?)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 213-09-0896		17. INFORMANT Records: B. C. H.
16. SOCIAL SECURITY NO. 213-09-0896			ADDRESS 4940 Eastern Ave.		

18. 330X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Subarachnoid Hemorage DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 10-9-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **10-2-1952**, to **10-7-1952**, that I last saw the deceased alive on **10-7-1952**, and that death occurred at **2:45 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE H. G. Williams	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 10.7.52
---	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 10-9-52	24C. NAME OF CEMETERY OR CREMATORY OAK LAWN	24D. LOCATION (City, town, or county) (State) BALTO. CO. Md.
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR OCT 8 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Walter Brooks Bradley, Rockville, Md.	ADDRESS
---	---	--	---------

1. NAME (Last, First, Middle Initial)		2. GRADE	
3. BRANCH		4. SERVICE NUMBER	
5. DATE OF BIRTH		6. PLACE OF BIRTH	
7. SOCIAL SECURITY NUMBER		8. CURRENT ADDRESS	
9. HOME PHONE NUMBER		10. CURRENT DUTY STATION	
11. DATE OF ENTRY INTO SERVICE		12. DATE OF LAST PROMOTION	
13. DATE OF LAST EVALUATION		14. DATE OF LAST INSPECTION	
15. DATE OF LAST REVIEW		16. DATE OF LAST PROMOTION REVIEW	
17. DATE OF LAST PROMOTION REVIEW		18. DATE OF LAST PROMOTION REVIEW	
19. DATE OF LAST PROMOTION REVIEW		20. DATE OF LAST PROMOTION REVIEW	
21. DATE OF LAST PROMOTION REVIEW		22. DATE OF LAST PROMOTION REVIEW	
23. DATE OF LAST PROMOTION REVIEW		24. DATE OF LAST PROMOTION REVIEW	
25. DATE OF LAST PROMOTION REVIEW		26. DATE OF LAST PROMOTION REVIEW	
27. DATE OF LAST PROMOTION REVIEW		28. DATE OF LAST PROMOTION REVIEW	
29. DATE OF LAST PROMOTION REVIEW		30. DATE OF LAST PROMOTION REVIEW	
31. DATE OF LAST PROMOTION REVIEW		32. DATE OF LAST PROMOTION REVIEW	
33. DATE OF LAST PROMOTION REVIEW		34. DATE OF LAST PROMOTION REVIEW	
35. DATE OF LAST PROMOTION REVIEW		36. DATE OF LAST PROMOTION REVIEW	
37. DATE OF LAST PROMOTION REVIEW		38. DATE OF LAST PROMOTION REVIEW	
39. DATE OF LAST PROMOTION REVIEW		40. DATE OF LAST PROMOTION REVIEW	
41. DATE OF LAST PROMOTION REVIEW		42. DATE OF LAST PROMOTION REVIEW	
43. DATE OF LAST PROMOTION REVIEW		44. DATE OF LAST PROMOTION REVIEW	
45. DATE OF LAST PROMOTION REVIEW		46. DATE OF LAST PROMOTION REVIEW	
47. DATE OF LAST PROMOTION REVIEW		48. DATE OF LAST PROMOTION REVIEW	
49. DATE OF LAST PROMOTION REVIEW		50. DATE OF LAST PROMOTION REVIEW	
51. DATE OF LAST PROMOTION REVIEW		52. DATE OF LAST PROMOTION REVIEW	
53. DATE OF LAST PROMOTION REVIEW		54. DATE OF LAST PROMOTION REVIEW	
55. DATE OF LAST PROMOTION REVIEW		56. DATE OF LAST PROMOTION REVIEW	
57. DATE OF LAST PROMOTION REVIEW		58. DATE OF LAST PROMOTION REVIEW	
59. DATE OF LAST PROMOTION REVIEW		60. DATE OF LAST PROMOTION REVIEW	
61. DATE OF LAST PROMOTION REVIEW		62. DATE OF LAST PROMOTION REVIEW	
63. DATE OF LAST PROMOTION REVIEW		64. DATE OF LAST PROMOTION REVIEW	
65. DATE OF LAST PROMOTION REVIEW		66. DATE OF LAST PROMOTION REVIEW	
67. DATE OF LAST PROMOTION REVIEW		68. DATE OF LAST PROMOTION REVIEW	
69. DATE OF LAST PROMOTION REVIEW		70. DATE OF LAST PROMOTION REVIEW	
71. DATE OF LAST PROMOTION REVIEW		72. DATE OF LAST PROMOTION REVIEW	
73. DATE OF LAST PROMOTION REVIEW		74. DATE OF LAST PROMOTION REVIEW	
75. DATE OF LAST PROMOTION REVIEW		76. DATE OF LAST PROMOTION REVIEW	
77. DATE OF LAST PROMOTION REVIEW		78. DATE OF LAST PROMOTION REVIEW	
79. DATE OF LAST PROMOTION REVIEW		80. DATE OF LAST PROMOTION REVIEW	
81. DATE OF LAST PROMOTION REVIEW		82. DATE OF LAST PROMOTION REVIEW	
83. DATE OF LAST PROMOTION REVIEW		84. DATE OF LAST PROMOTION REVIEW	
85. DATE OF LAST PROMOTION REVIEW		86. DATE OF LAST PROMOTION REVIEW	
87. DATE OF LAST PROMOTION REVIEW		88. DATE OF LAST PROMOTION REVIEW	
89. DATE OF LAST PROMOTION REVIEW		90. DATE OF LAST PROMOTION REVIEW	
91. DATE OF LAST PROMOTION REVIEW		92. DATE OF LAST PROMOTION REVIEW	
93. DATE OF LAST PROMOTION REVIEW		94. DATE OF LAST PROMOTION REVIEW	
95. DATE OF LAST PROMOTION REVIEW		96. DATE OF LAST PROMOTION REVIEW	
97. DATE OF LAST PROMOTION REVIEW		98. DATE OF LAST PROMOTION REVIEW	
99. DATE OF LAST PROMOTION REVIEW		100. DATE OF LAST PROMOTION REVIEW	

430
52 9206

BALTIMORE CITY HEALTH DEPARTMENT

52 9206

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

BALT

1. NAME OF DECEASED
(Type or Print)

Albert Belt

2. DATE
OF
DEATH

10/7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1827 Madison Ave.

C. CITY OR TOWN (If outside corporate limits, write R.U.R.L. and give township)

Balt

D. STREET ADDRESS (If rural, give location)

1827 Madison

Length of stay in Baltimore

1 Pym.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 26, 1910

9. AGE (In years
last birthday)

42

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Pvt. Family

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Thomas Belt

14. MOTHER'S MAIDEN NAME

Hannie Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

1908 Vine St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/25, 1952, to 10/7, 1952, that I last saw the
deceased alive on 10/6, 1952, and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Bur R. Ruth

M. D.

23B. ADDRESS

2135 W. 4th St.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Oct. 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

Brewer Hill

24D. LOCATION (City, town, or county)

Annapolis, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

1631 Smith Hill Ave

ADDRESS

OCT 8 - 1952

VS 150

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CERTIFICATE CORRECTED 10-14-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 9207

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH BRANCH		2. DATE OF DEATH 10/4/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT HOSP & FREE DISPENSARY		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) BALTO, MD. 13-03	
D. STREET ADDRESS (If rural, give location) 2327 DRUID HILL AVE.		5. LENGTH OF STAY IN BALTIMORE 45 Yrs. Mos. Days	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4/28/1888
9. AGE (In years last birthday) 64		10. AGE (In years last birthday) 64	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CRANE OPERATOR		10B. KIND OF BUSINESS OR INDUSTRY STEEL PLANT	
11. BIRTHPLACE (State or foreign country) Prince Edward Co. MARYLAND Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME RICHARD BRANCH		14. MOTHER'S MAIDEN NAME MARTHA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 317-01-0404	
17. MRS. M. MILLICENT BRANCH		18. 2327 DRUID HILL AVE.	

18. **154X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CARCINOMA OF RECTUM
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
3-4 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
NONE

19A. DATE OF OPERATION 1949		19B. MAJOR FINDINGS OF OPERATION INOPERABLE CA OF RECTUM		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) NONE		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10/2, 1952** to **10/4, 1952**, that I last saw the deceased alive on **10/4, 1952**, and that death occurred at **10:45** a.m., from the causes and on the date stated above.

23A. SIGNATURE **C. J. Edwards** M. D. 23B. ADDRESS **PROVIDENT HOSP** 23C. DATE SIGNED **10/8/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE OCT. 8, 1952		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.		24D. LOCATION (City, town, or county) (State) Baltimore C. Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR William J. Williams 1651 Druid Hill Ave.			

1955133A9202

MEDICAL CERTIFICATION

11-22-33

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11-22-33

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163

CERTIFICATE CORRECTED

10-10-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9209

Registered No. 52 9209

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Miss Betty Overdoff (OVERDORFF)

2. DATE
OF
DEATH

10-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

Church Home Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

BALTIMORE

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1635 NICKENBACKER ROAD

Length of stay in Baltimore

7 yrs.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

1-17-24

9. AGE (in years
last birthday)

28

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

COMMUNICATIONS

11. BIRTHPLACE (State or foreign country)

PENN.

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

HALDET
Paul Overdoff

14. MOTHER'S MAIDEN NAME

MARY JOAN STEFFEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Interaortic Hemorrhage

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

(C) DUE TO

Chronic Glomerulonephritis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-30, 1952, to 10-7, 1952, that I last saw the
deceased alive on 10-6, 1952, and that death occurred at 4:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Jack C. Collins

M. D.

23B. ADDRESS

Church Home Hospital

23C. DATE SIGNED

10-7

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10/10/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Eastern Ave. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Connelly

ADDRESS

418 Eastern Ave.
Balto. 21, Md.

VS 150

390 53

correct age is especially important. Physicians: Please write the

MEDICAL CERTIFICATION

0000

87

00-21-21

1. The first part of the report is a summary of the work done during the year.

0000

(1900-1901)



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9210
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Frank Winegan</u>			2. DATE OF DEATH <u>October 6, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Med. Q R 2</u>			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <u>md.</u> B. COUNTY <u>X</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>5-01</u>		
D. LENGTH OF STAY IN BALTIMORE <u>20 Yrs.</u> Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>251 Silver Ct.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-18-05</u>		9. AGE (In years last birthday) <u>46</u> If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffuer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Parking Lot</u>	11. BIRTHPLACE (State or foreign country) <u>Smithfield Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>					

18. <u>292.4</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pneumonia</u> (A) DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>6+ weeks</u> <u>6+ weeks</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Leukopenia</u> (B) DUE TO _____ <u>Aplastic Anemia</u> (C) DUE TO _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9-25, 1952, to 10-6, 1952, that I last saw the deceased alive on 10-6, 1952, and that death occurred at 10:47 P.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Frederick W. Smith</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>10-7-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>10/11/1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Arburn Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>					

DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 8 - 1952</u>		REGISTRAR'S SIGNATURE <u>H. E. Williams</u>		25. FUNERAL DIRECTOR <u>Elroy O. Wilson</u>	
				ADDRESS <u>1011 Brantly Ave</u>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9211

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Viola James			2. DATE OF DEATH 10-5-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto, City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 16 N. Bond St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-05		
5. Length of stay in Baltimore Five			D. STREET ADDRESS (If rural, give location) 16 N. Bond St		
6. SEX Female	6. COLOR OR RACE col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH may 15, 1890	9. AGE (In years last birthday) 62	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic			10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Nathan Price		
14. MOTHER'S MAIDEN NAME Ida Hawkins			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO.			17. INFORMATION ADDRESS Dorothy Gleaves 16 N. Bond St		

18. **581.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Fatty liver**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☒23C. DATE SIGNED **10-5-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9212
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. EVNA MILLER

2. DATE
OF
DEATH

10-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ST. AGNES HOSPITAL

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

CARROLL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

RURAL - HAMPSTEAD, MD.

D. STREET ADDRESS (If rural, give location)

HAMPSTEAD, MD. - R.F.D.

Length of stay in Baltimore

5 Days

Mrs.
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

April 30 - 1897

9. AGE (In years
last birth day)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HAWK

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George KALP

14. MOTHER'S MAIDEN NAME

MINNIE STIFFLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT George M. Miller ADDRESS

Husband Hampstead Md SAME

18. 584X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebro - Vascular Accident 5HRS.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

HYPERTENSION

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis

19A. DATE OF OPERATION

10-7-52

19B. MAJOR FINDINGS OF OPERATION

Chronic Cholecystitis Lithiasis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5, 1952 to 10/7, 1952 that I last saw the
deceased alive on 10/7, 1952 and that death occurred at 8:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Stephen K. Padonis

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

10-7-52

24A. BURIAL CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

Oct 10 - 1952

24C. NAME OF CEMETERY OR CREMATORY

Grace Cemetery

24D. LOCATION (City, town, or county)

Baltimore County Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Eden C. Septon

ADDRESS

Hampstead Md.

CERTIFICATE OF DEATH

STATE OF NEW YORK

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of burial place	
17. Signature of burial place		18. Signature of burial place		19. Signature of burial place		20. Signature of burial place	
21. Signature of burial place		22. Signature of burial place		23. Signature of burial place		24. Signature of burial place	
25. Signature of burial place		26. Signature of burial place		27. Signature of burial place		28. Signature of burial place	
29. Signature of burial place		30. Signature of burial place		31. Signature of burial place		32. Signature of burial place	
33. Signature of burial place		34. Signature of burial place		35. Signature of burial place		36. Signature of burial place	
37. Signature of burial place		38. Signature of burial place		39. Signature of burial place		40. Signature of burial place	
41. Signature of burial place		42. Signature of burial place		43. Signature of burial place		44. Signature of burial place	
45. Signature of burial place		46. Signature of burial place		47. Signature of burial place		48. Signature of burial place	
49. Signature of burial place		50. Signature of burial place		51. Signature of burial place		52. Signature of burial place	
53. Signature of burial place		54. Signature of burial place		55. Signature of burial place		56. Signature of burial place	
57. Signature of burial place		58. Signature of burial place		59. Signature of burial place		60. Signature of burial place	
61. Signature of burial place		62. Signature of burial place		63. Signature of burial place		64. Signature of burial place	
65. Signature of burial place		66. Signature of burial place		67. Signature of burial place		68. Signature of burial place	
69. Signature of burial place		70. Signature of burial place		71. Signature of burial place		72. Signature of burial place	
73. Signature of burial place		74. Signature of burial place		75. Signature of burial place		76. Signature of burial place	
77. Signature of burial place		78. Signature of burial place		79. Signature of burial place		80. Signature of burial place	
81. Signature of burial place		82. Signature of burial place		83. Signature of burial place		84. Signature of burial place	
85. Signature of burial place		86. Signature of burial place		87. Signature of burial place		88. Signature of burial place	
89. Signature of burial place		90. Signature of burial place		91. Signature of burial place		92. Signature of burial place	
93. Signature of burial place		94. Signature of burial place		95. Signature of burial place		96. Signature of burial place	
97. Signature of burial place		98. Signature of burial place		99. Signature of burial place		100. Signature of burial place	

325
52 9213Kotsaris
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9213

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Mr Spiros Kotsaris</i>			2. DATE OF DEATH <i>10-6-53</i>											
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md</i>						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>											
8. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Agnes Hospital</i>						C. CITY OR TOWN (If outside corporate limits of the BALT. and give township) <i>Baltimore, Md</i>											
Length of stay in Baltimore						5. STREET ADDRESS (If rural, give location) <i>601 E Fort Ave #31</i>											
5. SEX <i>Male</i>		6. COLOR OR RACE <i>W.</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Sept 2-1887</i>		9. AGE (In years last birthday) <i>71 yrs</i>		10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.					
10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <i>Retail</i>						10B. KIND OF BUSINESS OR INDUSTRY <i>Waiter</i>						11. BIRTHPLACE (State or foreign country) <i>Greece</i>					
12. CITIZEN OF WHAT COUNTRY?						13. FATHER'S NAME <i>Joseph</i>						14. MOTHER'S MAIDEN NAME <i>Archedula</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>						16. SOCIAL SECURITY NO.						17. INFORMANT <i>Family - Jane</i>					
16. ADDRESS																	

18. <i>451 X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Rupture of Abdominal aortic Artery.</i>			
ANTECEDENT CAUSES		(B) <i>Arteriosclerotic Cardio Vasc. Disease -</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>Gastric ulcers</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>10-6-53</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *10-2*, 19*53* to *10-6*, 19*53* that I last saw the deceased alive on *10-6*, 19*53*, and that death occurred at *1:40* p.m., from the causes and on the date stated above.

23A. SIGNATURE <i>Harry D. Thompson</i>		23B. ADDRESS <i>St. Agnes Hosp.</i>		23C. DATE SIGNED <i>10-6-53</i>	
--	--	--	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>B.</i>		24B. DATE <i>10-9-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>		24D. LOCATION (City, town, or county) (State) <i>Balto.</i>	
--	--	-----------------------------	--	---	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 8-1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>James L. ...</i>		ADDRESS <i>130 E. Fort Ave</i>	
---	--	---	--	---	--	-----------------------------------	--

Saturday

220
52 9215BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9215
Registered No.

BIRTH NO. 32-17996

1. NAME OF DECEASED
(Type or Print)

Shirley Moses

2. DATE
OF
DEATH

Oct. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution residence
before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 123-01

D. STREET ADDRESS (If rural, give location)

1402 S. Hanover St

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8-6-52

9. AGE (In years
last birthday)10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

Home Nurse

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ernest S. Moses

14. MOTHER'S MAIDEN NAME

Josephine McQuada

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

18. 491X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Bronchiolitis

INTERVAL BETWEEN
ONSET AND DEATH

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Congenital heart disease, type? life

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/2 1952 to 10/7 1952, that I last saw the
deceased alive on 10/7 1952, and that death occurred at 2:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

10.7.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 8 - 1952

Huntington Williams, M.D.

U. Williams & Sons 401 S. Charles St

BARBICIDE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

[Faint, illegible handwritten text and markings are visible throughout the form, including what appears to be a date '10-1-50' and various names.]

460
52 9216BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9216
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Samuel E Lilley*2. DATE
OF
DEATH*6/8/1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *2305 St Paul St*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*St Paul benevolent Home*

Length of stay in Baltimore

40

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sexton

10B. KIND OF BUSINESS OR INDUSTRY

Olive Branch Church

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE *Md*

B. COUNTY

C. CITY OR TOWN

Balto

O. STREET ADDRESS (If rural, give location)

2207 Windsor Ave

8. DATE OF BIRTH

March 4, 1870

9. AGE (In years last birthday)

82

II Under 1 Year

Months: Days

II Under 24 hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Zachariah Lilley

14. MOTHER'S MAIDEN NAME

Harissa Hamillan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

J. S. Burtley 2207 Windsor Ave

ADDRESS

18. *331X and 148X*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

CAUSE OF DEATH
CEREBRO VASCULAR ACCIDENT
CEREBRAL THROMBOSIS

INTERVAL BETWEEN ONSET AND DEATH

*1 week**1 week*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.JAUNDICE SECONDARY TO
CARCINOMA OF THROAT*1 year.*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 19 51 to Oct. 6, 1952* that I last saw the deceased alive on *Oct. 4, 1952* and that death occurred at *4:30 P.M.* from the causes and on the date stated above.

23A. SIGNATURE

E. E. Maworth

23B. ADDRESS

2431 MARYLAND AVENUE

23C. DATE SIGNED

10-6-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Oct. 9, 1952

24C. NAME OF CEMETERY OR CREMATORY

Swage

24D. LOCATION (City, town, or county)

Bowling Green

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

G. Howard Evans 1400 S. Charles

ADDRESS

0513

UNITED STATES OF AMERICA

OFFICIAL VACCINATION RECORD
SINGAPORE DISTRICT

VACCINATION RECORD
SINGAPORE DISTRICT

UNITED STATES OF AMERICA

620
52 9217BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9217

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH MICHAEL TRACEY		2. DATE OF DEATH Oct 7, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hosp		c. CITY OR TOWN (If outside corporate limits, with RURAL and give township) Baltimore	
Length of stay in Baltimore 40 yrs		d. STREET ADDRESS (If rural, give location) 711 Light Street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 9, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Malthusian Chemical	9. AGE (In years last birthday) 63
11. FATHER'S NAME John Tracey		12. CITIZEN OF WHAT COUNTRY? USA	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown		14. MOTHER'S MAIDEN NAME Elizabeth Tracey Rose	
15. SOCIAL SECURITY NO.		16. INFORMANT Bertha E Tracey	
17. ADDRESS 711 Light St			

18. **154X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Uremia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Distention of ureters by metastatic carcinoma**

DUE TO

(C) **Carcinoma of rectum**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **2**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **10 - 2**, 19**52** to **10 - 7**, 19**52** that I last saw the deceased alive on **10 - 7**, 19**52** and that death occurred at **8:45** am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1917

5

DEPARTMENT OF DEATH

1917

5

635

52 9218
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9218

1. NAME OF DECEASED (Type or Print) JAMES H. BURTON			2. DATE OF DEATH 10-7-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1213 LIGHT ST. Balto. 30. Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION SOUTH BALTO. GEN. HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE City 22-01		
6. Length of stay in Baltimore abt. 40 yrs.			D. STREET ADDRESS (If rural, give location) # 46 E. HILL ST.		
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH May 19, 1886		11. AGE (In years last birthday) 66 If Under 1 Year: Months 5 If Under 24 Hours: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plate Angle Smith		10B. KIND OF BUSINESS OR INDUSTRY Shipyard		11. BIRTHPLACE (State or foreign country) Dorchester Co. Md.	
13. FATHER'S NAME Samuel Barton			12. CITIZEN OF WHAT COUNTRY? U. S. H.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Hosp. Records			ADDRESS		

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CIRRHOSIS OF THE LIVER		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 23, 1952**, to **Oct. 7, 1952**, that I last saw the deceased alive on **Oct. 7, 1952**, and that death occurred at **7:15 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE W. M. Conway	23B. ADDRESS South Baltimore Seal 1000	23C. DATE SIGNED
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/9/1952	24C. NAME OF CEMETERY OR CREMATORY Holy Cross	24D. LOCATION (City, town, or county) (State) G. A. Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR 10/15/1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Flynn & Fleming 1426 Light St.

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DEPARTMENT OF HEALTH

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52 9219

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9219

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph Keys		2. DATE OF DEATH Oct. 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 43 So. Balto. Gen. Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. City 24-04	
Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1504 Covington St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 1895
9. AGE (In years last birthday) 57		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10B. KIND OF BUSINESS OR INDUSTRY B. & O. R.R.	
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Keys		14. MOTHER'S MAIDEN NAME Marion Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes World War One		16. SOCIAL SECURITY NO.	
17. INFORMANT Mildred M. Smith		ADDRESS 1504 Covington St.	

CAUSE OF DEATH

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) Hypertensive Cardiovascular disease Coronary occlusion Anterior Septal wall	INTERVAL BETWEEN ONSET AND DEATH 10 years two minutes
(B)	(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1940 to October 1951, that I last saw the deceased alive on May 10, 1951, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE Catherine Stenroos M.D.	23B. ADDRESS 62 Read St Balto	23C. DATE SIGNED 10/8/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/10/1952	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county) (State) Balto. Md.
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DATE RECEIVED BY LOCAL REGISTRAR OCT 8 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Flynn & Fleming	ADDRESS 1426 Light St.
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11/11/73

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522
9220

TONGUIS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9220
Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>Etta Tonguis</i>		2. DATE OF DEATH <i>Oct. 8/9-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>W. Surg. Hal 7</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Louisiana</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Gramercy V-16</i>			
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) _____			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <i>11-26-01</i>	9. AGE (In years last birthday) <i>50</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>LOUISIANA</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Louis Bourgeois</i>		14. MOTHER'S MAIDEN NAME <i>Clemence Rasseigne</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>223X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>meningioma - of sphenoid ridge extending to clivus</i> (B) _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>3 1/2 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>10-7-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>meningioma</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/4</i> 19 <i>52</i> to <i>10/8</i> 19 <i>52</i> , that I last saw the deceased alive on <i>10/8</i> 19 <i>52</i> and that death occurred at <i>8</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Joem' Puer</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>10/8/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>10-11-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Josephs Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>St. Josephs Cemetery</i>		24F. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 8-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>B. Vaharski 2818 E Baltimore St</i>	

MEDICAL CERTIFICATION

0830

52

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

0830

12

260
52 9221BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9221
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edith M Heisure

2. DATE
OF
DEATH

October 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Maryland

Baltimore

HOSPITAL OR
INSTITUTION

Bon Secours

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Dundalk

5353

D. STREET ADDRESS (If rural, give location)

3105 Yorksway

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

11-21-19

9. AGE (in years
last birthday)

32

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Brink

14. MOTHER'S MAIDEN NAME

Nanetta Schoenberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORDS

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Rheumatic Ht Disease
Cardiac Curiosis -

10 years?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Sept 28, 1952, to Oct 7, 1952, that I last saw the
deceased alive on Oct 7, 1952, and that death occurred at 1:50 m. from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1000 32

01220

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9222
Registered No.

520
52 9222
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN JOHNS		2. DATE OF DEATH 10/6/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1208 S. HIGHLAND AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 26-11	
C. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 1208 S. HIGHLAND AVE	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH AUG. 17-1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN RETIRED ST. OIL CO.		11. BIRTHPLACE (State or foreign country) BALTIMORE MD.	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME URRIS JOHNS.		14. MOTHER'S MAIDEN NAME MARGARET LUDWIG	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS ANNA L. JOHNS 1208 S HIGHLAND AVE	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) ARTERIOSCLEROSIS, GENERALIZED DUE TO (B) DUE TO (C) CEREBRAL HEMORRHAGE - HEMIPLEGIA LEFT 2 YRS.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JUNE 3, 1948 to OCT. 6, 1952 , that I last saw the deceased alive on OCT. 6, 1952 , and that death occurred at 10.10 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Benjamin Dykster		23B. ADDRESS 121 S. HIGHLAND AVE	
23C. DATE SIGNED 10/8/52		23D. SIGNATURE Huntington Williams, M.D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/10/52	
24C. NAME OF CEMETERY OR CREMATORY Balto. National Cemt. Balto.		24D. LOCATION (City, town, or county) (State) Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 8 - 1952		25. FUNERAL DIRECTOR ADDRESS Clarence F. Hoffmann 16399 Broadway	

2006-2007

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 9223
Registered No. _____

320
52 9223
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Leon Mitchell Lutz, Sr.			2. DATE OF DEATH October 6, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3143 Keswick Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 34 years Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3143 Keswick Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 5, 1898	9. AGE (In years last birthday) 54	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Supervisor			10B. KIND OF BUSINESS OR INDUSTRY Green Spring Dairy		11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U S A			13. FATHER'S NAME John Lutz		
14. MOTHER'S MAIDEN NAME Anna Ellen Litsinger			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. 213-03-4469			17. INFORMANT ADDRESS Leon M. Lutz, Jr. 3143 Keswick Road		

18. 416x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Rheumatic Heart + Coronary Artery Disease Heart Failure	INTERVAL BETWEEN ONSET AND DEATH 14 yrs. 1 yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 10/6/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **June 1952** to **Oct 6, 1952** that I last saw the deceased alive on **10/6/52**, 19____, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Walter E. Raygin	23B. ADDRESS 4331 Highland Rd	23C. DATE SIGNED 10/6/52
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct. 9, 1952	24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	24D. LOCATION (City, town, or county) (State) Baltimore Co., Maryland
--	----------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR Oct 8 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road
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29046

Horace F. Burgee

MEMPHIS CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

John Richard Lee, Jr.

Male

White

Age 35

Married

Occupation

Teacher

Residence

1234 Main St.

Cause of Death

Heart Disease

Place of Death

Home

Signature

Dr. J. H. Smith

Date

April 15, 1964

Registrar

John Doe

Witness

John Doe

Signature

John Doe

Date

April 15, 1964

Signature

John Doe

Date

April 15, 1964

Signature

John Doe

Date

April 15, 1964

Signature

John Doe

Date

April 15, 1964

Signature

John Doe

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9224

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bernette Doles (Maddox)

2. DATE
OF
DEATH

10-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Mercy Hospital
Life

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

James C. Maddox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

6-9-19

9. AGE (In years last birthday)

33

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

BALTO, MD

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

MARY BELLE WESLEY

17. INFORMANT

ADDRESS

JAMES C. Maddox Sr. 1227 N. Central

18. E812.4
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Skull Fracture

DUE TO

ANTECEDENT CAUSES

(B) Contusion of Brain

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

North Ave & Calvert ST 145

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Oct. 4 1952 7:45 p.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian Struck by Auto.

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. ...

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

10-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

10-9-52

24C. NAME OF CEMETERY OR CREMATORY

ARBUTUS MEM. PK

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph S. Locks Jr. 1304 N. Central Ave

ADDRESS

VS 151

N803.2

720 RA

10-2-50

10-2-50

10-2-50

10-2-50

10-2-50

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9225**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cornelia Generette

2. DATE OF DEATH

Oct. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

17-02

D. STREET ADDRESS (If rural, give location)

605 W. Linnale St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Mar. 14, 1907

9. AGE (in years last birthday)

45

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

Private Family

11. BIRTHPLACE (State or foreign country)

Sumpter, S.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Generette

14. MOTHER'S MAIDEN NAME

Anna McCreary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT *JOHNS HOPKINS HOSPITAL*

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Vas. Accident
Myocardiac infarction*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive Arteriosclerosis*

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10/6*, 1952, to *10/8*, 1952, that I last saw the deceased alive on *10/8*, 1952, and that death occurred at *4:10 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

William E. Matton, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/12/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olive

24D. LOCATION (City, town, or county)

Fayetteville, N.C.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles F. Law, 802 Mad. Ave.

ADDRESS

VS 150

728 849 220

correct is especially important. Physicians: please write the cause of death clearly and fully.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9226

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDNA K. RHODES

2. DATE
OF
DEATH

October 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1371 Penwood Rd.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1371 Pentwood Rd.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
divorced

8. DATE OF BIRTH

Dec. 8, 1887

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Edward Kirby

14. MOTHER'S MAIDEN NAME

Sadie Cockey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Bernard McGarvey-1371 Pentwood Rd.

18. 443X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive Cardiovascular Disease
Arteriosclerotic Cardiovascular Disease

1 1/2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNOER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1952, to Oct 6, 1952, that I last saw the deceased alive on Oct 6, 1952, and that death occurred at 11:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Frank R. Supply, III

23B. ADDRESS

1014 St Paul St.

23C. DATE SIGNED

Oct 8, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/9/52

24C. NAME OF CEMETERY OR CREMATORY

Stevensville

24D. LOCATION (City, town, or county)

Stevensville, Md.

OATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

26m. J. Vickner & Sons

Baths 17, Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9227
Registered No.

155
52 9227
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

OTTO R. HOFMANN

2. DATE OF DEATH
Oct. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Mercy Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.
B. COUNTY
Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Severna Park

D. STREET ADDRESS (If rural, give location)
5200

c. Length of stay in Baltimore

5. SEX
male
6. COLOR OR RACE
white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH
Sept. 26, 1894
9. AGE (In years last birthday)
58
If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Salesman
10B. KIND OF BUSINESS OR INDUSTRY
Seeds

11. BIRTHPLACE (State or foreign country)
Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Hofmann

14. MOTHER'S MAIDEN NAME

Emma S.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
212-10-5651

17. INFORMANT ADDRESS
Mr. William S. Crisp - 206 - 5th Ave.

18. 420.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
DUE TO
Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arterio-sclerotic Heart Disease
(C) Hypertension & Myocardial Damage

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH
a few minutes

about 10 1/2.
about 10 1/2.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/13, 1951, to 9/9, 1952, that I last saw the deceased alive on 9/9, 1952, and that death occurred at 10 A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNITED STATES DEPARTMENT OF THE ARMY
WASHINGTON, D. C.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9228**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Marsh (MARSH)

2. DATE
OF
DEATH

Oct. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Maryland** B. COUNTY **26-12**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
4940 Eastern Avenue

E. Length of stay in Baltimore **life**

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 14, 1869

9. AGE (In years last birthday)

83

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Confectionery Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Marsh (dec.)

14. MOTHER'S MAIDEN NAME

Wilhelmena Gebb (dec.)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B.C.H. 4940 Eastern Avenue

18. **331X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Bronchopneumonia**

DUE TO

48hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cerebral Vascular Accident**

DUE TO

2 wks.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Padgets Disease

Years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Dec. 22**, 19**37**, to **Oct. 7**, 19**52**, that I last saw the deceased alive on **Oct. 7**, 19**52**, and that death occurred at **9:15am.**, from the causes and on the date stated above.

23A. SIGNATURE

H.C. Johns Ben.

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

10-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/9/52

24C. NAME OF CEMETERY OR CREMATORY

Balto

24D. LOCATION (City, town, or county)

(State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul st.

OCT 8 - 1952

VS 150

correct is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9229
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARY M. JENKINS			2. DATE OF DEATH October 7, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1406 Light Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1406 Light Street		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 8, 1872		9. AGE (in years last birthday) 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Austria		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Dorner			14. MOTHER'S MAIDEN NAME _____		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Albert C. Miller, 1843 S. Charles Street		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Arteriosclerotic Heart Disease DUE TO (B) Myocardial Insufficiency DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH _____
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 0	
	19B. MAJOR FINDINGS OF OPERATION	

20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 7, 1952** to **Oct 7, 1952** that I last saw the deceased alive on **Oct 6, 1952**, and that death occurred at **3:50 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE Vincent M. Mercuri	23B. ADDRESS 1403 S. Charles St	23C. DATE SIGNED 10-8-52
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 10/10/52	24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery
24D. LOCATION (City, town, or county) (State) Anne Arundel County, Maryland		

DATE RECEIVED BY LOCAL REGISTRAR Oct 8 1952	REGISTRAR'S SIGNATURE Wm. Cook, Inc.	25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street
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156
9230BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9230

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Chester Hoffner		2. DATE OF DEATH 10-7-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE _____ B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md. - 26-05	
5. LENGTH OF STAY IN BALTIMORE 4 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 6830 GOUGH STREET	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH FEB. 5, 1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAXIDERMIST		10B. KIND OF BUSINESS OR INDUSTRY OWN	
11. BIRTHPLACE (State or foreign country) MONROE CO. PENNA.		12. CITIZEN OF WHAT COUNTRY? AMERICAN	
13. FATHER'S NAME ABRAHAM HOFFNER		14. MOTHER'S MAIDEN NAME AMANDA SETZER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. 6830 GOUGH ST.	
17. INFORMANT HAROLD HOFFNER		ADDRESS 6830 GOUGH ST.	

18. **610X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

UREMIA -

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute Pyelonephritis

19A. DATE OF OPERATION 9-30-52		19B. MAJOR FINDINGS OF OPERATION B. D. Hypertrophy		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Sinai Hospital		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-30-52 , 19 52 , to 10-7-52 , 19 52 , that I last saw the deceased alive on 11-1-52 , and that death occurred at 11-1-52 from the causes and on the date stated above.					
23A. SIGNATURE H. Hoffner		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 9-1-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24B. DATE OCT. 8, 1952		24C. NAME OF CEMETERY OR CREMATORY BROOKHEADSVILLE CEM.		24D. LOCATION (City, town, or county) (State) MONROE CO. PENNA.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. Cook Inc.		ADDRESS 1217 St. Paul St.	

109 5 20 99684

CURTIS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9231
Registered No.

132
52 9231
BIRTH NO. 52-22165

1. NAME OF DECEASED (Type or Print) <i>Baby Bay Curtis</i>			2. DATE OF DEATH <i>September 22, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>16-04</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>604 N. Payson St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>9-21-52</i>	9. AGE (in years last birthday)	If Under 1 Year Months: _____ Days: <i>1</i> If Under 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME <i>Colonia Curtis</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>768.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Peritonitis</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO <i>Peritonitis</i> (B) DUE TO <i>Prematurity</i> (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-21*, 19*52*, to *9-22*, 19*52*, that I last saw the deceased alive on *9-22*, 19*52*, and that death occurred at *6:15* pm., from the causes and on the date stated above.

23A. SIGNATURE <i>Helen Brown Flynn</i> M. D.	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>9/25/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>Forest Burial</i>	24D. LOCATION (City, town, or county) (State)
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DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 8 - 1952</i>	REGISTRAR'S SIGNATURE <i>Thurston Williams, Jr.</i>	25. FUNERAL DIRECTOR ADDRESS
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VS 150

Hospital Disposal

correct as is especially important. Physicians: please write the causes of death.

MEDICAL CERTIFICATION

SAINT LOUIS CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. NAME OF DECEASED <i>John Doe</i>		2. SEX <i>Male</i>		3. AGE <i>45</i>	
4. DATE OF DEATH <i>Jan 15 1904</i>		5. TIME OF DEATH <i>10:30 AM</i>		6. PLACE OF DEATH <i>Home</i>	
7. CAUSE OF DEATH <i>Heart Disease</i>		8. DISEASE OR INJURY <i>Myocardial Infarction</i>		9. MEDICAL HISTORY <i>None</i>	
10. SIGNATURE OF PHYSICIAN <i>Dr. J. H. Smith</i>		11. SIGNATURE OF WITNESSES <i>John Doe, Jr.</i>		12. SIGNATURE OF CORONER <i>Wm. H. Jones</i>	
13. SIGNATURE OF REGISTRAR <i>John Doe</i>		14. SIGNATURE OF CLERK <i>John Doe</i>		15. SIGNATURE OF JURY <i>John Doe</i>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9232
Registered No. **9232**

BIRTH NO. **52 9232**
52-20944

1. NAME OF DECEASED (Type or Print) Baby Boy Allen			2. DATE OF DEATH Sept. 15-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1450 Mountmore Ct. zone 17		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 9-1952		9. AGE (In years last birthday) 7 If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Benjamin Boston			14. MOTHER'S MAIDEN NAME Eliz. Allen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.		

18. 768.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Septicemia DUE TO				INTERVAL BETWEEN ONSET AND DEATH 1	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDIION LAST. DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 9-15-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-9- , 19 52 , to 9-15- , 19 52 , that I last saw the deceased alive on 9-15- , 19 52 , and that death occurred at 8.15PM , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. Williams</i>		23B. ADDRESS M. D. 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 9-30-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 9-19-1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals	
24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave., Baltimore, Md.		25. FUNERAL DIRECTOR		ADDRESS	

DATE RECEIVED BY LOCAL REGISTRAR **OCT 8 - 1952**
REGISTRAR'S SIGNATURE *Huntington Williams, M.D.*

CERTIFICATE OF DEATH

John W. Allen

10-10-1932

10-10-1932

10-10-1932

10-10-1932

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10-10-1932

543
B-16335652 9233
BIRTH NO. 32-22663BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9233

1. NAME OF DECEASED (Type or Print)		Baby Girl Hamilton-Twin A		2. DATE OF DEATH Sept. 21-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1102 N. Wolfe St. zone 13			
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 21-1952	9. AGE (in years last birthday) 8-07	10. Under 1 Year Months: Days 1 35
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Robert Hamilton		14. MOTHER'S MAIDEN NAME Gertrude Hill	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.	
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Prematurity DUE TO		INTERVAL BETWEEN ONSET AND DEATH Life	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-21-1952, to 9-21-1952, that I last saw the deceased alive on 9-21-1952, and that death occurred at 11.55AM, from the causes and on the date stated above.					
23A. SIGNATURE H. H. Williams, M.D.		23B. ADDRESS M. D. 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 9-30-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 9-23-1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals	
24D. LOCATION (City, town, or county) 4940 Eastern Ave., Balto., Md.		24E. FUNERAL DIRECTOR H. H. Williams, M.D.		24F. ADDRESS	
24G. DATE RECEIVED BY LOCAL REGISTRAR OCT 8 - 1952		24H. REGISTRAR'S SIGNATURE		24I. FUNERAL DIRECTOR	

1950

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12-163357

52 9234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9234
Registered No.

BIRTH NO. 52, 22664

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Baby Girl Hamilton-Twin B		Sept. 21-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1102 N. Wolfe St. zone 13	
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 21-1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 11 Under 1 Year Months: Days 1 11 Under 24 Hours Hours: Min.
13. FATHER'S NAME Robert Hamilton		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Gertrude Hill	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.	

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Prematurity Life DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Prematurity DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH Life
---	---	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-21-1952, to 9-21-1952, that I last saw the deceased alive on 9-21-1952, and that death occurred at 11.25AM from the causes and on the date stated above.					
23A. SIGNATURE H. Hamilton		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 9-30-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 9-23-1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals	
24D. LOCATION (City, town, or county) 4940 Eastern Ave., Balto., Md.		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS	

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RECEIVED - DEPARTMENT OF JUSTICE

RECEIVED - DEPARTMENT OF JUSTICE

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240
52 9235

CERTIFICATE CORRECTED 10-31-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9235
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Stackley

2. DATE
OF
DEATH

Oct 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Johns Hopkins Hospital

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

304 Laurens St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3-26-1898

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Waiter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Horace Stackley

14. MOTHER'S MAIDEN NAME

Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 451X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Shock

INTERVAL BETWEEN
ONSET AND DEATH

30 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Directly Aneurysm
Arterio Sclerosis

8 hrs.

DUE TO

(C)

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/8, 1952 to 10/8, 1952 that I last saw the
deceased alive on 10/8, 1952 and that death occurred at 1:54 A. M., from the causes and on the date stated above.

23A. SIGNATURE

H. W. Dick

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10-10-52

24C. NAME OF CEMETERY OR CREMATORY

Fairview

24D. LOCATION (City, town, or county)

Culpeper

(State)

VA.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Gleason Funeral Home

VS 150

284 640 9230

MEDICAL CERTIFICATION

Correct is especially important. Physicians: please write the name clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

DEATH CERTIFICATE

1911

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
DEATH CERTIFICATE

1911

1911

1911

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

540
52 9236

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9236

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY JUELMA CHANNELL

2. DATE
OF
DEATH

OCT 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

PENNA

YORK

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNION MEMORIAL HOSP

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

NEW PARK

V-35

D. STREET ADDRESS (If rural, give location)

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

JAN 23, 1890

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

LOUIS HARMON

14. MOTHER'S MAIDEN NAME

REBECCA SINGLETON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

HUSBAND

ADDRESS

SAME

18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

MYOCARDIAL INFARCTION 5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from OCT 4, 1952 to OCT 8, 1952 that I last saw the
deceased alive on OCT 8, 1952, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Dugan

23B. ADDRESS

UNION MEMORIAL HOSP.

23C. DATE SIGNED

OCT 8, 1952

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

16 - 11 - 52

24C. NAME OF CEMETERY OR CREMATORY

CENTRE

24D. LOCATION (City, town, or county)

NEW PARK, YORK CO. Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Kenneth W. Chubb, Stewart

OCT 9 - 1952

VS 150

520009231

R

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9237
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert E. Weizcar

2. DATE
OF
DEATH

OCT. 7-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

3002 White Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-44

D. STREET ADDRESS (If rural, give location)

3002 WHITE AVE.

C. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Dec. 30-1885

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BALTO TRANSIT CO. - POWER DIV.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William R. Weizcar

14. MOTHER'S MAIDEN NAME

MARY NUNNALLY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

813-059060

17. INFORMANT

Mrs. Rachel Weizcar - SAME

ADDRESS

18. *180X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Carcinoma of Rt Kidney*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *3/8*, 19*50*, to *10/7*, 19*52*, that I last saw the deceased alive on *10/6*, 19*52*, and that death occurred at *10 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE

J. Joseph Towhey

23B. ADDRESS

4412. Euclid Ave.

23C. DATE SIGNED

10/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/10/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

BALTO, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 9-1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. Ruck

ADDRESS

5305 Hartford Rd.

corrected as necessary, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NEW YORK

1911

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NEW YORK

1911

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9238**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM JENTRUP (Jerentrup)		2. DATE OF DEATH Oct. 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2324 E. North Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3/7/1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 80	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Gottlieb Jerentrup		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Dorothea Winstrol		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) * -	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS John F. Denny, Inc. 715 Light St.	

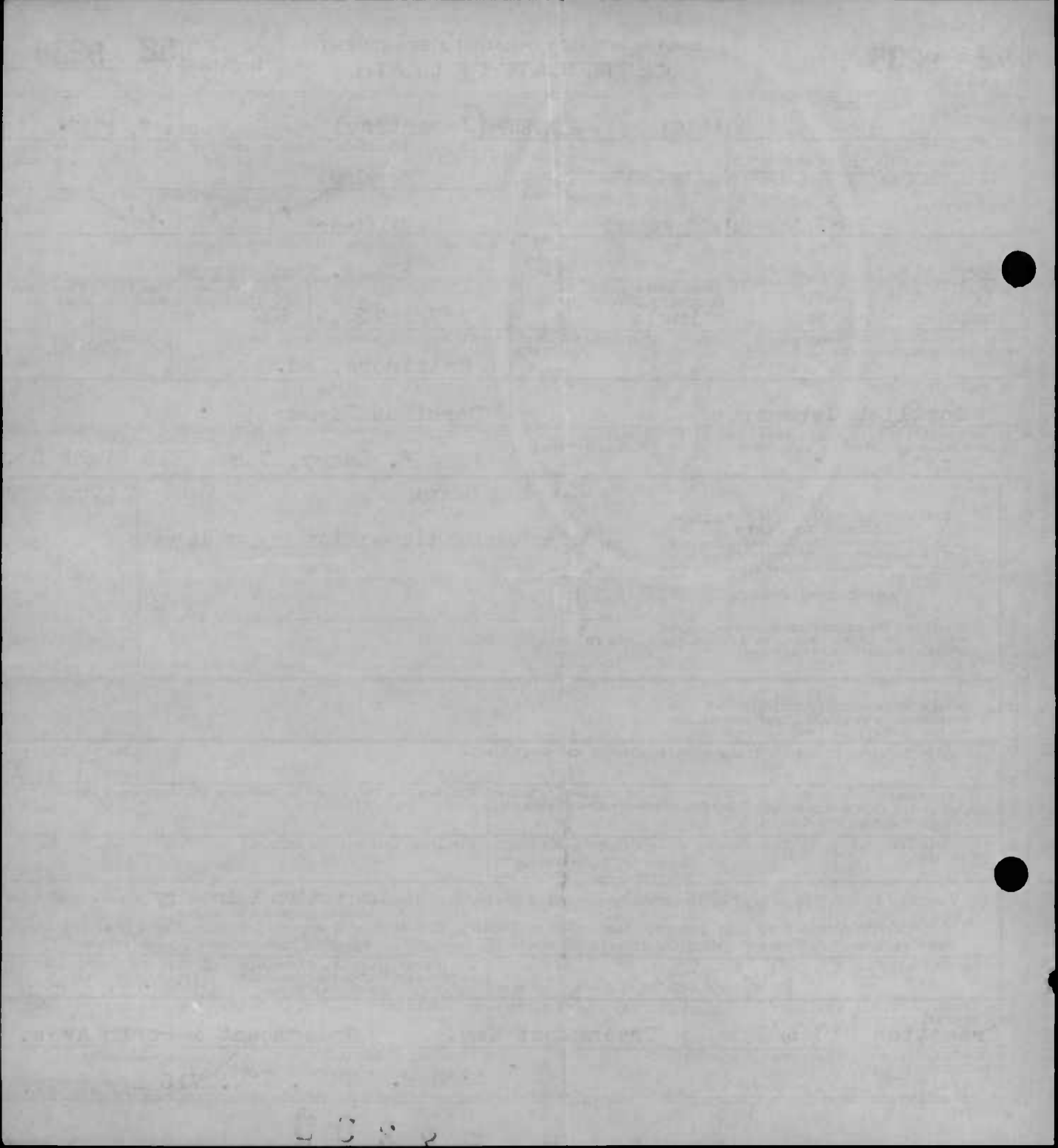
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *R. J. Fisher* M.D. 23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED **Oct. 8, 1952**
MEDICAL INVESTIGATOR.....☐

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 10/8/52	24C. NAME OF CEMETERY OR CREMATORY Greenmount Cem.	24D. LOCATION (City, town, or county) (State) Greenmount & North Aves.
DATE RECEIVED BY LOCAL REGISTRAR OCT 9 - 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, INC. 715 Light St.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9239**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Ellis Holzweig

2. DATE
OF
DEATH

10-9-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

BALTIMORE

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Church Home Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

3-02

7. STREET ADDRESS (If rural, give location)

1117 East Lombard St.

8. Length of stay in Baltimore

52

9. SEX

MALE

10. COLOR OR RACE

WHITE

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

12. DATE OF BIRTH

Unknown 1900

13. AGE (In years last birthday)

52

14. Under 1 Year Months: Days: 15. Under 24 Hours Hours: Min.

16A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

16B. KIND OF BUSINESS OR INDUSTRY

NONE

17. BIRTHPLACE (State or foreign country)

BALTIMORE

18. CITIZEN OF WHAT COUNTRY?

USA

19. FATHER'S NAME

SAMUEL Holzweig

20. MOTHER'S MAIDEN NAME

Rose Lepsoy

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

22. SOCIAL SECURITY NO.

N.O.

23. INFORMANT

Nephew

24. ADDRESS

1646 E. BALTIMORE ST.

18. *353.2 I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Anoxia*

4 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Status Epilepticus*

12 days

DUE TO

(C) *Old brain injury (1900)*

40 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Prolonged immobility in bed.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-27*, 19*52*, to *10-9*, 19*52*, that I last saw the deceased alive on *10-9*, 19*52* and that death occurred at *2:55* A.M., from the causes and on the date stated above.

23A. SIGNATURE

John C. Collins

23B. ADDRESS

Church Home Hosp.

23C. DATE SIGNED

10-9

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-10-52

24C. NAME OF CEMETERY OR CREMATORY

MICKRO KODESH CEMETERY

24D. LOCATION (City, town, or county)

BALTIMORE, MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

OCT 9 - 1952

REGISTRAR'S SIGNATURE

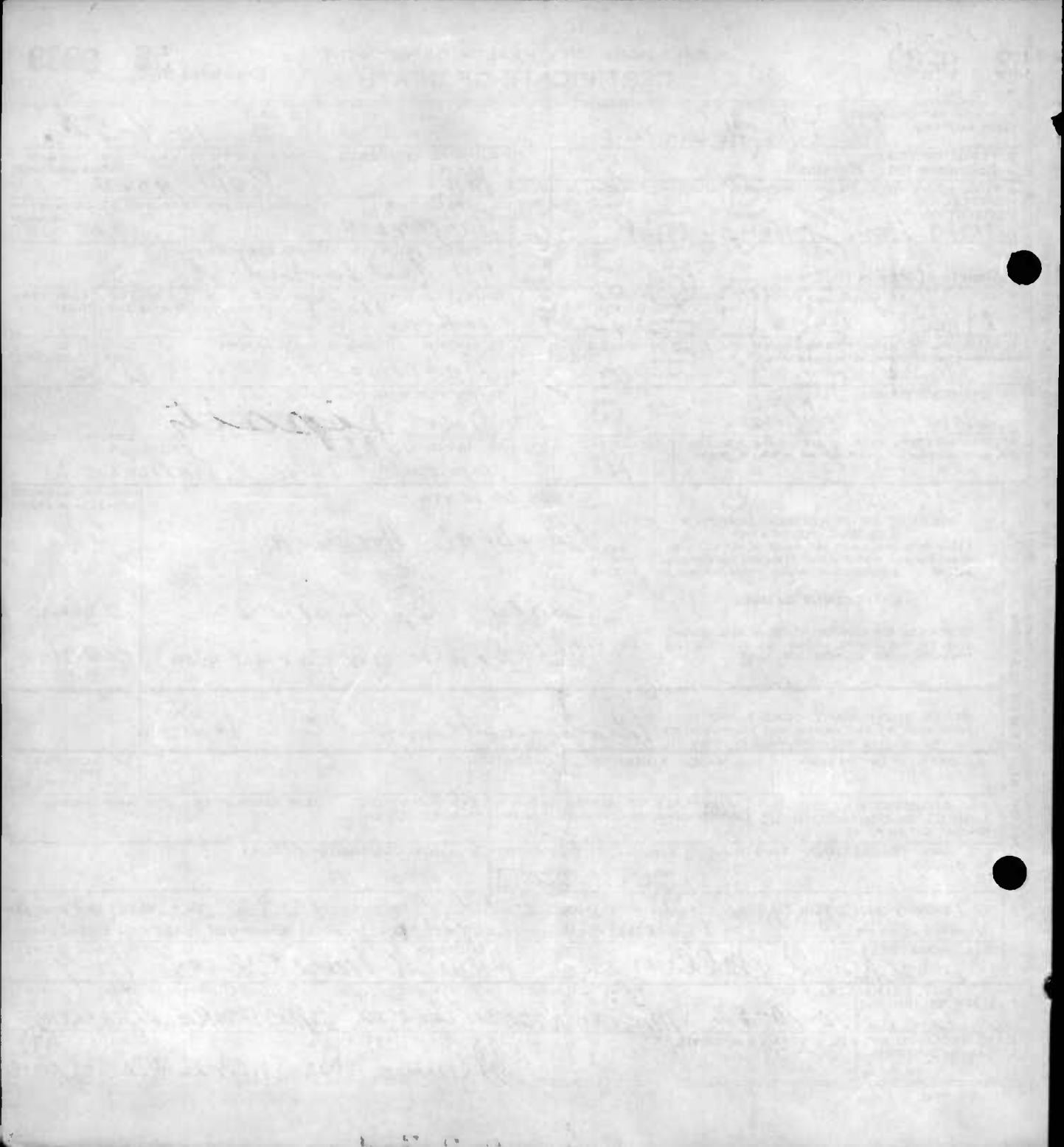
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Ed Leunion & Bros. 1124-26 W. North Ave.

ADDRESS

(17)



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9240

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE MORRISON

2. DATE
OF
DEATH

10-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2010 Bryant Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write full name of township)

D. STREET ADDRESS (If rural, give location)

2010 Bryant Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (in years last birthday)

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Simon

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dr Theodore Morrison

18. 420.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary Sclerosis
Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Several years
Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

CUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1952, to Oct. 8, 1952, that I last saw the deceased alive on Oct 7, 1952 and that death occurred at 12 noon from the causes and on the date stated above.

23A. SIGNATURE

Samuel Morrison

M. D.

23B. ADDRESS

11 E. Chase St (2)

23C. DATE SIGNED

10/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-9-52

24C. NAME OF CEMETERY OR CREMATORY

Huntington Avenue

24D. LOCATION (City, town, or county) (State)

Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis, 2100 Canton St

ADDRESS

0104

RECEIVED STATE OF NEW YORK

1900

NOTICE

TO THE PUBLIC

OF THE DEPARTMENT OF THE STATE

OF NEW YORK

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

ON APRIL 10, 1900

AND A RESOLUTION

PASSED BY THE ASSEMBLY

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UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE ASSISTANT SECRETARY

WASHINGTON, D. C.

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262
-2582 9242BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 58 9242

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES OLIVA Dickerson or Dixon

2. DATE
OF
DEATH

10-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

654 W. BARRE St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

2202

D. STREET ADDRESS (If rural, give location)

654 BARRE Street

c. Length of stay in Baltimore

55

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

MARCH 17, 1884

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: Days

6 18

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self Employed

10B. KIND OF BUSINESS OR INDUSTRY

Junk Dealer

11. BIRTHPLACE (State or foreign country)

EASTON, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alexander Dickerson

14. MOTHER'S MAIDEN NAME

Elizabeth Lee

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alice HARRIS - 818 W. ARNOLD St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

Several Hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Bronchial ASTHMA

Unknown

(C) Hypertensive Cardiovascular Disease

Unknown

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-3, 1952, to 10-5, 1952, that I last saw the deceased alive on 10-5, 1952, and that death occurred at 10:5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Richard H. Hunt

M. D.

23B. ADDRESS

1631 W. Franklin St.

23C. DATE SIGNED

10-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/12/52

24C. NAME OF CEMETERY OR CREMATORY

Int. Auburn Ct.

24D. LOCATION (City, town, or county)

Balto City

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

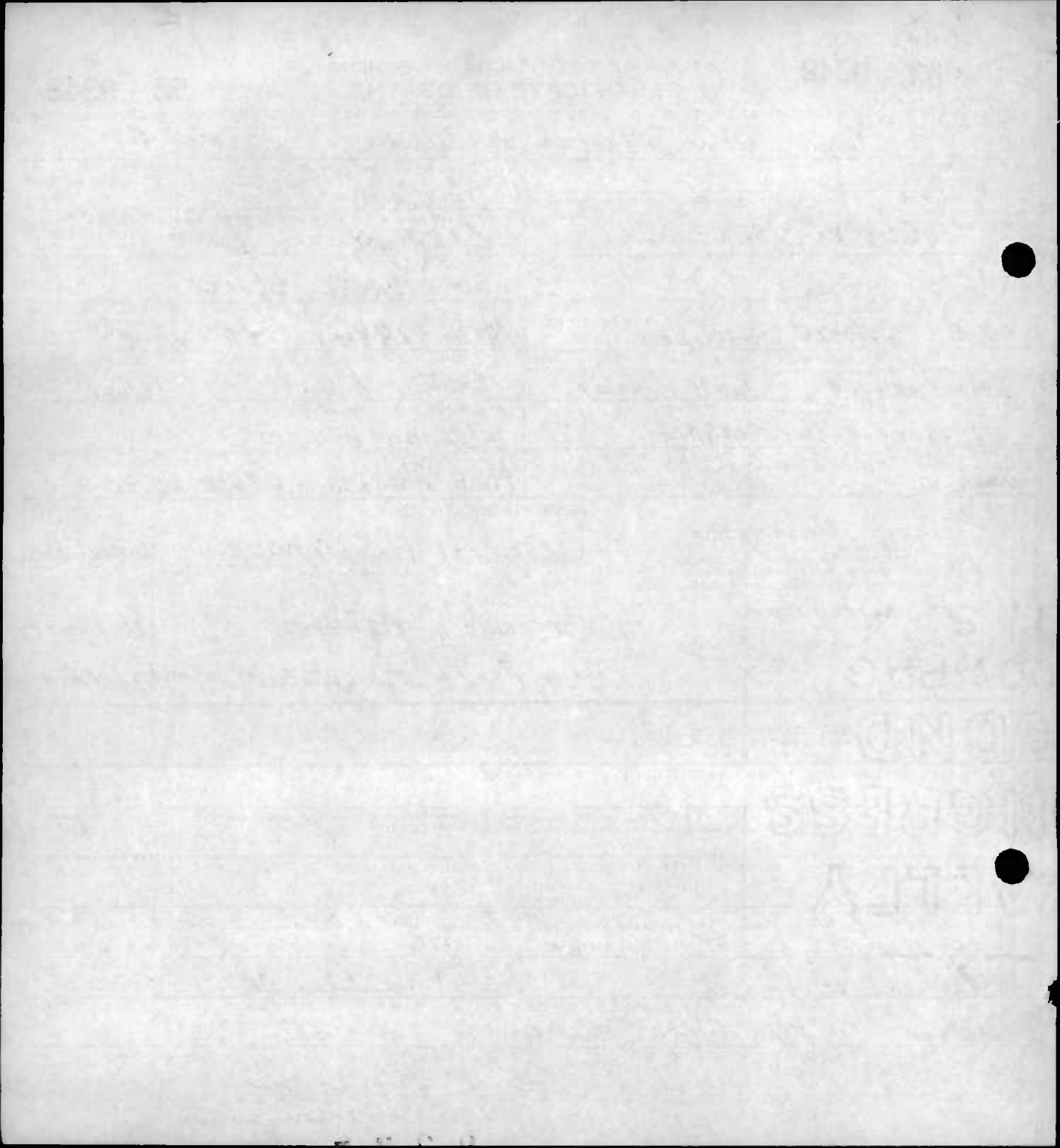
REGISTRAR'S SIGNATURE

OCT 9 - 1952

Huntington Williams M.D. - S. Brown & Son

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9243**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **JOHN RAYMOND CURRY**

2. DATE OF DEATH **October 5, 19 52**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
3704 Gibbons Avenue

C. CITY OR TOWN (If outside corporate limits, write U.S.A. and give township)
Baltimore

D. LENGTH OF STAY IN BALTIMORE **Life**
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
3704 Gibbons Avenue

5. SEX **M** 6. COLOR OR RACE **W** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH **Oct. 30, 1899** 9. AGE (In years last birthday) **52**
If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Vice Pres.

10B. KIND OF BUSINESS OR INDUSTRY
Elec. Distributing Company

11. BIRTHPLACE (State or foreign country)
Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
William Curry

ELEC. SUPPLIES (W)

14. MOTHER'S MAIDEN NAME
Emma Siegmund

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT **3704 Gibbons Avenue - 6**
Mrs. Maymie B. Curry

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Hemorrhage**

1 Hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cardiac Hypertensive Disease 3 years**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **January 3, 1950** to **October 5, 1952** that I last saw the deceased alive on **October 5, 1952** and that death occurred at **1105 P.M.** from the causes and on the date stated above.

23A. SIGNATURE **Albert Eisenberg**

23B. ADDRESS **8200 Mayfield Ave**

23C. DATE SIGNED **11-6-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

10/9/52

Oak Lawn Cemetery

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

HENRY SANDER & SONS, INC

ADDRESS

OCT 9 - 1952

Huntington Williams, M.D.

BALTO., 13, MD. Penzi J. Sande

MEDICAL CERTIFICATION: Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1953

UNITED STATES DEPARTMENT OF AGRICULTURE

1953

U S A

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9244**

620
9244
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANK DREJKE		2. DATE OF DEATH 10/8/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSP. OF BALT.		C. CITY OR TOWN (If outside corporate limits, write FULLAL and give township) Balto. City 3-011	
D. STREET ADDRESS (If rural, give location) 628 S. Bond St			
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 1882	
9. AGE (In years last birthday) 63		10. Under 1 Year: Months: Days; 11. Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10B. KIND OF BUSINESS OR INDUSTRY Farm Work	
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? Poland	
13. FATHER'S NAME Drejka		14. MOTHER'S MAIDEN NAME ←	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ←		16. SOCIAL SECURITY NO. ←	
17. INFORMANT Edward Drejka		ADDRESS 638 S. Linwood Ave	
18. 433.1 and 150X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Edema.		CAUSE OF DEATH Pulmonary Edema.	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardiac Failure Auricular Fibrillation.		DUE TO Cardiac Failure Auricular Fibrillation.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CA of Esophagus - metastasis			
19A. DATE OF OPERATION 8/20/52		19B. MAJOR FINDINGS OF OPERATION CA OF ESOPHAGUS	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/1/52 , 19 52 to 10-8 , 19 52 , that I last saw the deceased alive on 10-8 , 19 52 and that death occurred at 3:22 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Hank M. Schenberg		23B. ADDRESS Sinai Hosp	
23C. DATE SIGNED 10/8			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 11-1952	
24C. NAME OF CEMETERY OR CREMATORY Holy Rosary		24D. LOCATION (City, town, or county) (State) Balto. Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 9-1952		REGISTRAR'S SIGNATURE William S. Fialkowski	
GENERAL DIRECTOR William S. Fialkowski		ADDRESS 2007 Eastern Ave	

1952 OCT 18 9 23 9

PLEASE PRINT NAME OF PHYSICIAN. Physicians: please write the causes of death clearly. Corrected is especially important.

MEDICAL CERTIFICATION

1938

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1938

PLANT INDUSTRY REPORT NO. 1000

PLANT INDUSTRY REPORT NO. 1000

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9245**

AB-162499
52 9245
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph J. Murray			2. DATE OF DEATH Oct. 8-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 426 E. Pratt St.					
E. Length of stay in Baltimore Life			Yrs. Mos. Days		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 26- 1897		9. AGE (in years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10B. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Murray			14. MOTHER'S MAIDEN NAME Catherine Hanrahan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. unknown	17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave. ✓		
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bilateral Tuberculosis, far advanced DUE TO lyr.			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hemorrhagic Cerebri DUE TO 2hrs.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-28 , 1952, to 10-8 , 1952, that I last saw the deceased alive on 10-8 , 1952, and that death occurred at 4:20A m., from the causes and on the date stated above.					
23A. SIGNATURE H. C. Johnson		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 10-8-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/13/52		24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cem.	
24D. LOCATION (City, town, or county) (State) Yeadon, Pa.					
DATE RECEIVED BY LOCAL REGISTRAR OCT 9-1952		REGISTRAR'S SIGNATURE H. C. Johnson		25. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Balto. St.	

MEDICAL CERTIFICATION

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1942

CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Age

Gender

Color

Place of Birth

Date of Birth

Married

Occupation

Usual Residence

Place of Death

Time of Death

Cause of Death

Immediate Cause

Contributing Cause

CAUSE OF DEATH

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9247

BALTIMORE CITY HEALTH DEPARTMENT

52

9247

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude Hammond

2. DATE
OF
DEATH

10-5-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

729 Dolphin Street

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

729 Dolphin Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

April 13, 1865 87

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

Westminster Md.

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Amos Bell

14. MOTHER'S MAIDEN NAME

Rebecca Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

Pearl Burley 729 Dolphin St

ADDRESS

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

9-21-52

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Thrombosis

ANTECEDENT CAUSES

(B)

DUE TO

Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-21, 1952, to 10-5-1952, that I last saw the
deceased alive on 10-5-52, and that death occurred at 12:55 m., from the causes and on the date stated above.

23a. SIGNATURE

Gifford L. Banfield

M. D.

23b. ADDRESS

722 N. Fulton Ave

23c. DATE SIGNED

10-6-52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

10/8/1952

24c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24d. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. J. Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

332 N. Schroeder St

100-100000

RECEIVED

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D-416
52 9248BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9248

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Enock Oliver

2. DATE
OF
DEATH

10-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

13. FATHER'S NAME

Charles Oliver

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

1439 Edmondson Ave.

8. DATE OF BIRTH

Oct. 20, 1918

9. AGE (In years
last birthday)

33

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Summerton S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Rebecca Johnson

17. INFORMANT

Joseph Oliver 5198 Shiloh St

ADDRESS

18. E936.9

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Skull Fracture

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Bilateral Subdural Hemorrhage

DUE TO

(C)

Confusion of Brain

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRI-
BUTING CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, school, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

William V. Howard

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

10-5-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10/9/52

24C. NAME OF CEMETERY OR CREMATORY

Summerton S.C.

24D. LOCATION (City, town, or county)

Summerton S.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams Schuchardt

ADDRESS

VS 151

N 803.2

92024

James C. Thompson

University of Chicago

April 11, 1901

Dear Mr. Thompson:

I have just received your letter of the 10th inst.

and am glad to hear that you are interested in the

work of the University of Chicago.

I am sure that you will find the work of the

University of Chicago very interesting.

I am sure that you will find the work of the

University of Chicago very interesting.

I am sure that you will find the work of the

University of Chicago very interesting.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		CERTIFICATE OF DEATH		REGISTERED NO.	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE b. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
7. LENGTH OF STAY IN BALTIMORE			8. STREET ADDRESS (If rural, give location)		
9. SEX			10. DATE OF BIRTH		
11. COLOR OR RACE			12. AGE (In years last birthday)		
13. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			14. If Under 1 Year Months: Days		
15. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)			16. If Under 24 Hours Hours: Min.		
17. KIND OF BUSINESS OR INDUSTRY			18. BIRTHPLACE (State or foreign country)		
19. FATHER'S NAME			20. CITIZENSHIP (What country?)		
21. MOTHER'S MARRIAGE NAME			22. MOTHER'S MARRIAGE NAME		
23. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			24. SOCIAL SECURITY NO.		
25. INFORMANT			26. ADDRESS		

18. 420.1	I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)	Coronary Thrombosis	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	Arteriosclerotic C.-V.D. (Generalized)	
	(C)		
II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June, 1951, to October 8, 1952, that I last saw the deceased alive on Oct: 8, 1952, and that death occurred at 4 P m., from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS 6007 York Rd	23C. DATE SIGNED 10/8/57
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	10/11/52	St. Catharine's Cem.	4300 Old Fred. Rd.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
OCT 9 - 1953	Huntington Williams, M.D.	Wm. H. Hutton Co. [illegible]	[illegible]

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

0000

THE NATIONAL ARCHIVES
COLLECTIONS DIVISION
RECORDS SECTION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9250
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary Oswald Lasche

2. DATE
OF
DEATH

Oct 9, 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Beth 939

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Kyman Park Club

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

md.

B. COUNTY

Baltimore City

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS

(If rural, give location)

Beth 939-56

C. Length of stay in Baltimore

3 1/2 - yrs

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Apr. 17, 1869

9. AGE (In years last birthday)

83

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Illinois

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George Oswald

14. MOTHER'S MAIDEN NAME

Theda Jenkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Mr C. L. Maxwell - daughter - Balto

ADDRESS

18. *450.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) _____

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

II

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1951*, 19 *10/9*, 19 *52*, that I last saw the deceased alive on *10/8*, 19 *52* and that death occurred at *5 A* m., from the causes and on the date stated above.

23A. SIGNATURE

H. W. Keeney

M. D.

23B. ADDRESS

3921 Edmond a

23C. DATE SIGNED

10/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Removal to

Bethesda

Greenmount

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 9 - 1952

Huntington Williams, M.D.

Stewart Monro - Balto

Dr Schuyler

39-1 Edmundson

2 50
52 9251

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9251

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Keiscome, Virginia E.</u>		2. DATE OF DEATH <u>October 8, 1952</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u> Length of stay in Baltimore <u>52 yr.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>28-02</u> D. STREET ADDRESS (If rural, give location) <u>3116 Howard Park Ave.</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 30, 1896</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor</u>		10B. KIND OF BUSINESS OR Co. INDUSTRY <u>Amsterdam Casualty</u>	9. AGE (in years last birthday) <u>56</u>
13. FATHER'S NAME <u>Andrew W. Keiscome</u>		11. BIRTHPLACE (State or foreign country) <u>Martinsburg West Virginia</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Sarah E. Hensley</u>	
17. INFORMANT <u>Andrew F. Keiscome</u>		ADDRESS <u>3116 Howard Park Ave.</u>	

18. <u>157X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of the head of the pancreas with metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>October 1, 1952</u>		19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma of the head of the pancreas</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>September 21 1952</u> to <u>October 8, 1952</u> that I last saw the deceased alive on <u>Oct. 8, 1952</u> and that death occurred at <u>5:45pm.</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>Dr. Paul Upshaw</u>		23B. ADDRESS <u>1400 N. Caroline St.</u>		23C. DATE SIGNED <u>Oct. 8, 1952</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>10-11-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Lorraine</u>	
24D. LOCATION (City, town, or county) <u>Woodlawn, Maryland</u>		25. FUNERAL DIRECTOR <u>John O. Mitchell & Sons, Inc.-1900 Eutaw Pl.</u>		ADDRESS <u>MB Mitchell</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>Oct 9 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>			

VS 150

29073

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9252
Registered No. 52 9252

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles McKinley Spruill Jr.		2. DATE OF DEATH Oct-8-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2259 Madison Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 26 Yrs.		D. STREET ADDRESS (If rural, give location) 2259 Madison Avenue	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept-15-1902
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Skill Laborer		10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel	9. AGE (In years last birthday) 50
13. FATHER'S NAME Charles Sornuill Sr.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 218-10-2667	
		14. MOTHER'S MAIDEN NAME Annie Holley	
		17. INFORMANT Amaza Vienna Spruill	
		ADDRESS Ave 2259 Madison	

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Colon		INTERVAL BETWEEN ONSET AND DEATH Jan, 1952
DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Malnutrition & Secondary Anemia		
DUE TO		
DUE TO		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from March , 19 51 , to Oct. 8 , 19 52 , that I last saw the deceased alive on April 8 , 19 51 , and that death occurred at 1:01 p.m., from the causes and on the date stated above.		
23A. SIGNATURE Robert L. Kenney	23B. ADDRESS 722 N. Fulton Ave	23C. DATE SIGNED 10/8/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/12/1952	24C. NAME OF CEMETERY OR CREMATORY Greenlawn Cem.
24D. LOCATION (City, town, or county) (State) NewPort News Virginia		
DATE RECEIVED BY LOCAL REGISTRAR OCT 9 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Elroy Wilson
		ADDRESS 1000 Bantling Ave

52 9252 247

5658

MAINTENANCE AND REPAIR DEPARTMENT

CERTIFICATE OF REPAIR

5658

PLATE NO. 12345

VEHICLE NO. 12345

REPAIRS MADE
1. FRONT END
2. BRAKES
3. TIRE ROTATION

DATE OF REPAIR
10/15/2023

5658

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9253**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles William Kessler

2. DATE
OF
DEATH

October 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3524 Hickory Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3524 Hickory Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 29, 1893

9. AGE (In years last birthday)

59

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Agent

10B. KIND OF BUSINESS OR INDUSTRY

Life Insurance

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

John Kessler

14. MOTHER'S MAIDEN NAME

Mary Ann Whettle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

Ist World

16. SOCIAL SECURITY NO.

212-07-2947

17. INFORMANT

ADDRESS

Mrs. Ena Mae Kessler 3524 Hickory Avenue

18. **156.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cause of Liver

1 year

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Underlying metastasis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/26**, 1952, to **10/8**, 1952, that I last saw the deceased alive on **10/7**, 1952, and that death occurred at **12:30 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

W. H. [Signature]

M. D.

14 E. [Signature] St

10/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 10-1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Oct 9 - 1952

Huntington Williams

Burgee Funeral Home

3631 Falls Road

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

SATBORN CITY HEALTH DEPARTMENT

1917

1917

DECEASED

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

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DATE OF BIRTH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9254**

BIRTH NO. **52 9254**

1. NAME OF DECEASED (Type or Print) LEMUEL EDWARD LEWIS		2. DATE OF DEATH Oct 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY 5-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #2	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 518 Forest H, Balt #2	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Dec 6, 1919
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 32	
10B. KIND OF BUSINESS OR INDUSTRY Raleigh Club		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Frank Lewis		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 541.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Hemorrhage DUE TO (B) Duodenal ulcer. DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 3 mo 2 mo +
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Left thrombophlebitis	
	19A. DATE OF OPERATION Aug 4, Aug 20, Sep 19 19B. MAJOR FINDINGS OF OPERATION Duodenal ulcer	

19A. DATE OF OPERATION Aug 4, Aug 20, Sep 19		19B. MAJOR FINDINGS OF OPERATION Duodenal ulcer		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Aug 2**, 19**52** to **Oct 9**, 19**52**, that I last saw the deceased alive on **Oct 9**, 19**52** and that death occurred at **4:45** m., from the causes and on the date stated above.

23A. SIGNATURE **Robert A. Moore, Jr. M.D.** 23B. ADDRESS **Mercy Hosp.** 23C. DATE SIGNED **Oct 9, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct 12/52	24C. NAME OF CEMETERY OR CREMATORY Hillsboro Md	24D. LOCATION (City, town, or county) (State) Hillsboro Md
DATE RECEIVED BY LOCAL REGISTRAR OCT 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR J. V. Moore & Son
		ADDRESS Denton Md	

corrected is especially important. Physicians: please write the causes of death clearly and legibly.

423

52 9255

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9255

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr Eugene Slaughter

2. DATE
OF
DEATH

October 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

10

Yes.
Mss.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland TALBOT

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Trappe

D. STREET ADDRESS (If rural, give location)

7000

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

March 12, 1970

9. AGE (in years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FARMER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

TALBOT Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Slaughter

14. MOTHER'S MAIDEN NAME

Annie Sullivan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Millard Slaughter 116 Allendale St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Myocardial infarction
DUE TO coronary arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Generalized arteriosclerosis
DUE TO cerebral arteriosclerosis
(C) nitrogen retentionII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Renal arteriosclerosis with

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 10-6, 1952, to 10-9, 1952, that I last saw the
deceased alive on 10-9, 1952, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Virginia Hunter

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10-9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Oct. 13, 1952

24C. NAME OF CEMETERY OR CREMATORY

Springhill

24D. LOCATION (City, town, or county)

Easton

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell Rmo 1900 Eutaw Pl

DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 OFFICE OF THE REGISTRAR

NAME OF DECEASED [Faint text, possibly "John Doe"]		SEX [Faint text, possibly "Male"]		AGE [Faint text, possibly "35"]	
DATE OF DEATH [Faint text, possibly "Jan 15 1914"]		TIME OF DEATH [Faint text, possibly "10:00 AM"]		PLACE OF DEATH [Faint text, possibly "Home"]	
CAUSE OF DEATH [Faint text, possibly "Heart Disease"]		MANNER OF DEATH [Faint text, possibly "Natural"]		PLACE OF BURIAL [Faint text, possibly "Cemetery"]	
NAME OF PHYSICIAN [Faint text, possibly "Dr. Smith"]		NAME OF FUNERAL HOME [Faint text, possibly "John's Funeral Home"]		NAME OF MINISTER [Faint text, possibly "Rev. Brown"]	
NAME OF NEXT OF KIN [Faint text, possibly "Mrs. Jane Doe"]		NAME OF WITNESS [Faint text, possibly "John Doe"]		NAME OF REGISTRAR [Faint text, possibly "John Doe"]	

52 9256

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9256

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Josephine Hmend

2. DATE
OF
DEATH

Oct 9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Box 348, Old York Rd.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

May 4, 1908

9. AGE (In years
last birthday)

42

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George Black

14. MOTHER'S MAIDEN NAME

Mary Schulpitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

John Hmend -

ADDRESS

same

18. 447X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Renal failure and
Encephalopathy

2 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Hypertension

15 years

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Oct. 5, 1952, to Oct 8, 1952, that I last saw the
deceased alive on Oct 8, 1952, and that death occurred at 2:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

R. Twining

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

10/9/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED AT THE OFFICE OF THE

WALLEY

COOPER

1900

1900

1900

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1900

Released by Medical Examiner
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9257

Registered No. 52 9257

BIRTH NO. 52-23765

1. NAME OF DECEASED (Type or Print) Baby boy Tadder.		2. DATE OF DEATH 10-3-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore-15-27-16.	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2503 W. Coldspring Lane.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 10-3-52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant.		10B. KIND OF BUSINESS OR INDUSTRY Infant	
13. FATHER'S NAME Morton C. Tadder.		14. MOTHER'S MAIDEN NAME Marian Terhune	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) atelectasis	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUE TO (B) Prematurity
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C)

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 3, 1952 to Oct 3, 1952 that I last saw the deceased alive on Oct 3, 1952 , and that death occurred at 1:15 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE Waverly S. Green, Jr.		23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED 10-3-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		24E. LOCATION (State)		24F. LOCATION (Country)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
ADDRESS		ADDRESS		ADDRESS	

RECEIVED
JAN 10 1964
U.S. DEPARTMENT OF THE ARMY
WASHINGTON, D.C.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9258

52 9258
BIRTH NO. 52-233051. NAME OF DECEASED
(Type or Print)

Baby Girl Warnick

2. DATE
OF
DEATH

10/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hosp of Md

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 28

D. STREET ADDRESS (If rural, give location)

Spring Grove State Hosp. Cottage 15

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

10/2/52

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

25 58

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Vincent Warnick

14. MOTHER'S MAIDEN NAME

Elsie Leona Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother

Same

18. 754.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coarctation of Aorta, Infantile Type

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Aspiration Pneumonia

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

10-2-52

19B. MAJOR FINDINGS OF OPERATION

Elective Low Trauma Delivery of Premature female infant wt. 2396 gms

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

20. AUTOPSY?

YES ☒ NO ☐22. I hereby certify that I attended the deceased from 10-2, 1952, to 10-3, 1952, that I last saw the
deceased alive on 10-3, 1952, and that death occurred at 6:35 m., from the causes and on the date stated above.

23A. SIGNATURE

George E. Wells Jr.

23B. ADDRESS

M. D. Lutheran Hospital of Maryland

23C. DATE SIGNED

10-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL OCT 6 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

BALTIMORE CITY DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF SIGNER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9259**

52 9259
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Dr. Julius D. Holly		2. DATE OF DEATH 10. 9. 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md.	
5. LENGTH OF STAY IN BALTIMORE Life		D. STREET ADDRESS (If rural, give location) 7701 - Seven Mile Lane	
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-4
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) M.D.		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Henry		14. MOTHER'S MAIDEN NAME Molly	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Nora Holly		ADDRESS Baltimore	

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) C. V. A.		INTERVAL BETWEEN ONSET AND DEATH
DUE TO Uremia, Hypertension		
DUE TO Bilat. Polycystic Kidneys		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 10-10-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10. 9. 52 , to 10. 9. 52 , that I last saw the deceased alive on 10. 9 , 19 52 and that death occurred at 5:50 AM. , from the causes and on the date stated above.					
23A. SIGNATURE Morris Goldberg		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 10. 9. 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Funeral		24B. DATE 10-10-52		24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Canton Pl	
DATE RECEIVED BY LOCAL REGISTRAR OCT 10 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

1880

STATE OF NEW YORK

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

52 9260
BIRTH NO. 52-23697

52 9260

1. NAME OF DECEASED (Type or Print) JAMES RAY FONNER			2. DATE OF DEATH 10-4-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland MARYLAND			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQUARE HOSP			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 19-03		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 224 S. Stricker St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 10-3-52	9. AGE (In years last birthday) 12 yrs	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William FONNER			14. MOTHER'S MAIDEN NAME GATES MARIE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Premature birth		INTERVAL BETWEEN ONSET AND DEATH
(A) _____ DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO		
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **10/3/52**, 19**52**, to **10/4/52**, 19**52**, that I last saw the deceased alive on **10/4**, 19**52** and that death occurred at **11:55 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Cedric Co. Co. Co.** M. D. 23B. ADDRESS _____ 23C. DATE SIGNED **Oct. 4, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE OCT 7 1952	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	24D. LOCATION (City, town, or county) (State) Frederick Square Hospital, Baltimore MD
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Huntington Williams, M.D.	ADDRESS _____

10-3-11

10-3-11

10-3-11

10-3-11

10-3-11

10-3-11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 9261 Registered No. 52 9261

1. PLACE OF DEATH:

(a) Baltimore City, Maryland
(b) Street address 409 N. COLLINGTON AVENUE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Florida (b) County V-18
(c) City or town Miami
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8500 N.W. 22nd AVENUE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME

PRESTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day
3 hr. 30 min.

9. Birthplace 409 N. COLLINGTON AVE. BALTIMORE, MD.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name WESLEY PRESTON

13. Birthplace EAST HAVEN, CONN.

MOTHER 14. Maiden Name CAROLYN CORNEL

15. Birthplace BALTIMORE, MARYLAND

16 (a) Informant MRS. WESLEY PRESTON

(b) Address 409 N. COLLINGTON AVE.
BALTIMORE 31, MD.

17 (a) (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL OCT 7 1952

18 (a) Funeral director

(b) Address

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 6-1952 19 at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 6 1952 to Oct. 6 1952, and that I last saw him alive on Oct. 6-1952 19.

Immediate cause of death
infant aborted 9:30 A.M.
Oct. 6-1952

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: 0

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature William J. Rysanek, Sr. M. D.
Address 801 N. Kenwood Ave. Date signed 10-6-52

PHYSICIAN

Underline the cause to which death should be charged statistically.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

140
52 9262BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 9262

BIRTH NO.

52-14373

1. NAME OF DECEASED
(Type or Print)

Baby Boy Oppel

2. DATE
OF
DEATH

10/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Church Home & Hospital

C. Length of stay in Baltimore 15 hrs. 39 min

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Baltimore Co.

C. CITY OR TOWN

612 S. Chapel

D. STREET ADDRESS (If rural, give location)

2-03

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

10/3/52

9. AGE (in years
last birthday)11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

15 39

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

newborn

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

Daniel R. Oppel

14. MOTHER'S MAIDEN NAME

Irene Jankowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

mother

ADDRESS

612 S. Chapel St.
Baltimore, Md.

18. 762.0

I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

15 hrs.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Congenital Polycystic Kidneys

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/3, 1952, to 10/3, 1952, that I last saw the
deceased alive on 10/3, 1952 and that death occurred at 9:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur F. Woodward

M. D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

10/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL OCT 8 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

VS 150

19520009257

5088 50

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1917

WASHINGTON, D. C.

OFFICE OF THE CHIEF OF BUREAU

WASHINGTON, D. C.

WASHINGTON, D. C.

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WASHINGTON, D. C.

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52 9263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9263

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

George H. Borchherding

2. DATE
OF DEATH
Oct. 8/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE
Md.B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

729 Lyndhurst St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16-08

D. STREET ADDRESS (If rural, give location)

729 Lyndhurst St

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED (Specify)

8. DATE OF BIRTH

March 19, 1883

9. AGE (In years last birthday)

69

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Electrician Continental Can Co.----Balto. Md.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George H. Borchherding

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

214-03-4194 Mrs. Alfred N. Marling, 729 Lyndhurst St

17. INFORMANT

ADDRESS

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 16, 1952, to Oct 8, 1952, that I last saw the deceased alive on Oct 7, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 11/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 10 1952

Huntington Williams, M.D. Harry H. Witzke 4101 Edmondson Ave

STATEMENT OF DEATH

DATE

10/10/1918

10/10/1918

10/10/1918

10/10/1918

10/10/1918

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10/10/1918

10/10/1918

52 9264

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9264
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY F. DOWNY (DOWNEY)

2. DATE
OF
DEATH

September 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE Baltimore City Morgue

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

June 21, 1890

9. AGE (In years
last birthday)

62

10 Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

unknown

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W. W. I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Thomas Lewis, Veterans Administration

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

~~XXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. B. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER.....☐ 9/29/52
MEDICAL INVESTIGATOR.....☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

10/13/52

24C. NAME OF CEMETERY OR CREMATORY

U. S. National Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

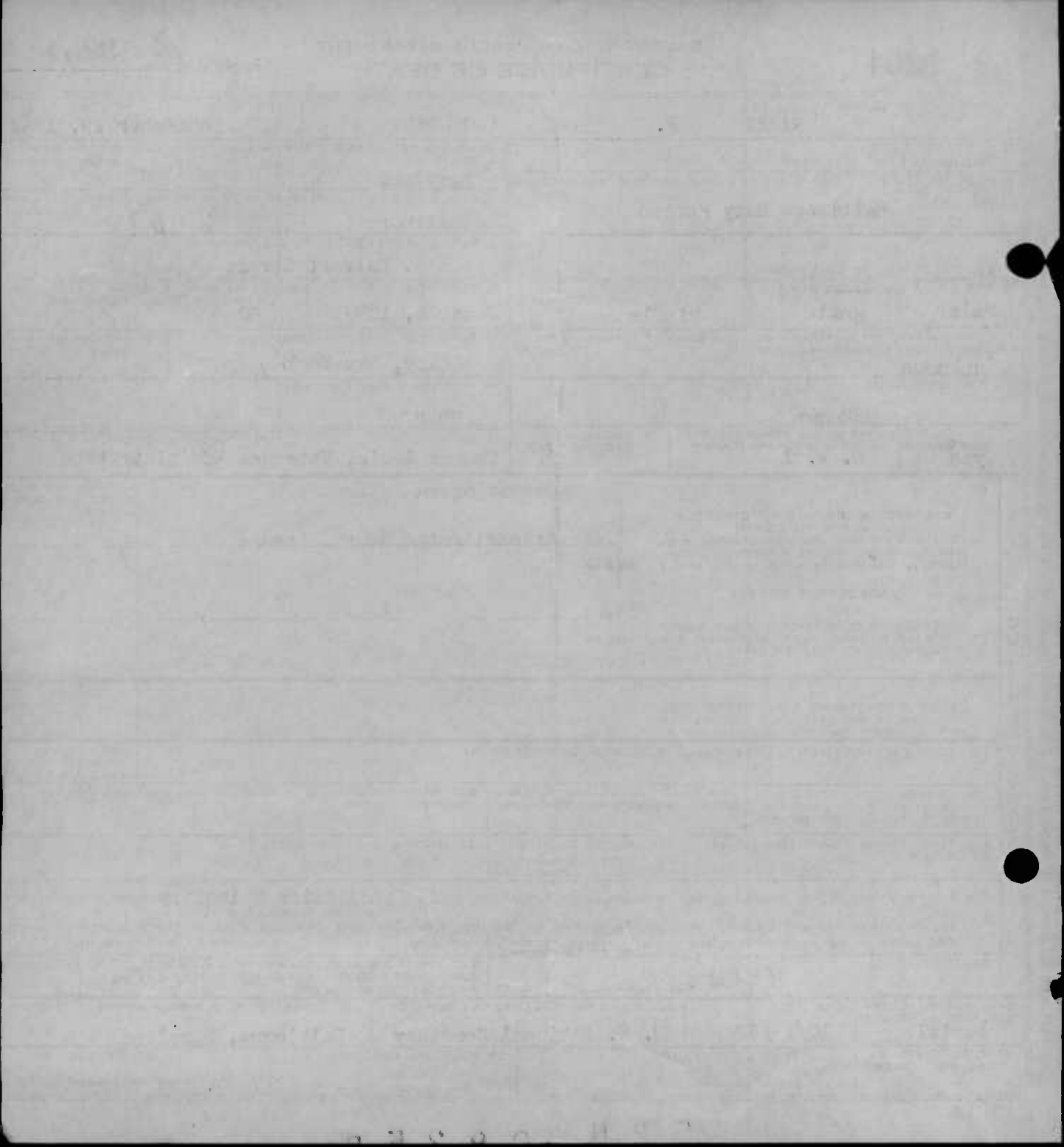
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul Street

V S 151



52 9265

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9265

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES E. BELL

2. DATE
OF
DEATH

October 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

22-01

D. STREET ADDRESS (If rural, give location)

225 S. Hanover Street

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 17, 1869

9. AGE (In years
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Huckster

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry Bell

14. MOTHER'S MAIDEN NAME

Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Charles E. Bell, Jr., 7853 Belair Road

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Oct. 9, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

10/10/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

VS 151

520009260

correct as is especially important. Physicians: please write the causes of death clearly and legibly.

610

52 9266

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9266

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SHARPE FELIX L.

2. DATE
OF
DEATH

10-9-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 12-06

D. STREET ADDRESS (If rural, give location)

2404 N. CHARLES ST.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

B. DATE OF BIRTH

OCTOBER 7, 1880

9. AGE (In years)

72

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired - SALES MANAGER

10B. KIND OF BUSINESS OR INDUSTRY

PET MILK CO

11. BIRTHPLACE (State or foreign country)

ALABAMA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JAMES

SHARPE EVAP (M)

14. MOTHER'S MAIDEN NAME

MARY PLEUELAND

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

215-03-6588A

17. INFORMANT

WIFE ALBERTA M. FAIR SHARPE

ADDRESS

2404 N. CHARLES ST.

18. 181X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) METASTATIC CARCINOMA

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CARCINOMA BLADDER

(?)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8-11-52, 1952, to 10-9-52, 1952, that I last saw the deceased alive on 10-9, 1952, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin G. Cederstein M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10-9-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

10/13/52

24C. NAME OF CEMETERY OR CREMATORY

WOODLAWN CEMETERY

24D. LOCATION (City, town, or county)

WOODLAWN, MARYLAND

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 S. PAUL STREET

1852029041

BIRTH NO. 52-09660

1. NAME OF DECEASED
(Type or Print)

EARL WAYNE ROSSMAN

2. DATE
OF
DEATH

September 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

707 W. Fayette Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Apr. 29, 1952

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 hours Hours: Min.

4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ux Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN Benj. Huston Rossman

14. MOTHER'S MAIDEN NAME

K Gladys Elmira Auman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

0

18. **753.1 and E921.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Aspiration of Vomitus**

DUE TO **Congenital Microcephalus**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

[Signature]

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
9/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

10/6/52

24C. NAME OF CEMETERY OR CREMATORY

Bell City Mausoleum

24D. LOCATION (City, town, or county)

700 Fleet St

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

82 823

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

1923

IN SENATE

JANUARY 1923

REPORT

OF THE

COMMISSIONERS

OF THE

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January 21, 1914

My dear Sir:

I have the honor to acknowledge the receipt of your letter of the 17th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,

Yours very truly,

W. A. HARRIS

Chief of Bureau

Bureau of Plant Industry

U. S. Department of Agriculture

Washington, D. C.

Enclosed for you are two copies of a report on the progress of the work of the Bureau of Plant Industry during the year 1913.

I am, Sir, very respectfully,

Yours very truly,

W. A. HARRIS

Chief of Bureau

Bureau of Plant Industry

U. S. Department of Agriculture

Washington, D. C.

I am, Sir, very respectfully,

Yours very truly,

W. A. HARRIS

Chief of Bureau

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9269
Registered No. _____

52 9269
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Charles C. Diacont			2. DATE OF DEATH Oct. 9th, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2300 Rosedale St.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-47		
D. STREET ADDRESS (If rural, give location) 2300 Rosedale St.			E. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 5th, 1882		9. AGE (in years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Dealer		10B. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME William N. Diacont			14. MOTHER'S MAIDEN NAME Leithauser		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS Wm. N. Diacont 2300 Rosedale St.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO _____ (A) _____ Hypertensive Cardio Nerve Disease DUE TO _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH 45 min
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 1949 , 19____, to Oct. 9 , 19 52 , that I last saw the deceased alive on Oct 9 , 19 52 , and that death occurred at 3:45 m., from the causes and on the date stated above.					
23A. SIGNATURE Danire Robinson M. D.		23B. ADDRESS 2835 Guy & W. 1st St. Bk		23C. DATE SIGNED Oct 9 1952	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE 10/11/52		24C. NAME OF CEMETERY OR CREMATORY Lorraine	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.			

1522

550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9270

52 9270
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

BERNARD Simon

2. DATE
OF
DEATH

10/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

422 Sinai Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE ~~Baltimore~~ Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 4-01

D. STREET ADDRESS (If rural, give location)

123 W SAATCHI ST

Length of stay in Baltimore

Life

SEX

M

6. COLOR OR RACE

wh

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Sept 20, 1877

9. AGE (in years
last birthday)

75

If Under 1 Year
Months: Days

19

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Selling Outlets

10B. KIND OF BUSINESS OR INDUSTRY

Manufacturing

11. BIRTHPLACE (State or foreign country)

U.S.A. BALD MD

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Tobias Simon

14. MOTHER'S MAIDEN NAME

Sarah Tobish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

ADDRESS

Samuel J Fisher Mathieson Rd

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Passive Congestion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Degenerative Heart Disease (AS)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16/52 to 10/19/52, that I last saw the deceased alive on 10/19/52, and that death occurred at 6:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F. FUNERAL DIRECTOR

ADDRESS

OCT 18 1952

Huntington Williams, M.D.

David R. Martin 1902 Eutaw Place

0536

RECEIVED BY THE POST OFFICE

0536

[Faint, illegible text, likely bleed-through from the reverse side of the page]

640
52 9271
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9271
Registered No.

1. NAME OF DECEASED (Type or Print) MADELEINE ROBERT FARRELL			2. DATE OF DEATH Oct 9 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL FOR THE WOMEN OF MARYLAND			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 13-06		
D. STREET ADDRESS (If rural, give location) 3609 FALLS ROAD			5. DATE OF BIRTH 12-10-1896		
6. AGE (in years last birthday) 55 yrs			7. Under 1 Year Months: Days		
8. Under 24 Hours Hours: Min.			9. AGE (in years last birthday) 55 yrs		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) POTTIERS FRANCE			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME CHARLES ROBERT			14. MOTHER'S MAIDEN NAME MARGUERTE NAUDON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) UNKNOWN			16. SOCIAL SECURITY NO.		
17. INFORMANT ROBERT LOUISE FARRELL			18. 3609 FALLS ROAD BALTIMORE		

18. 416X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) MYOCARDIAL INSUFFICIENCY		12 yrs	
DUE TO Rheumatic Heart Disease		(B) CARDIAC CIRRHOSIS		43 yrs.	
DUE TO OF LIVER		(C)		10 yrs.	
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 29** 19**52**, to **Oct 9**, 19**52**, that I last saw the deceased alive on **Oct 9, 1952** and that death occurred at **5:30 pm.**, from the causes and on the date stated above.

23A. SIGNATURE Albert H. Dudley, Jr.		23B. ADDRESS Hospital Women of Md		23C. DATE SIGNED 10-9-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 09/10/52		24C. NAME OF CEMETERY OR CREMATORY London Park	
24D. LOCATION (City, town, or county) Towson, Md.		24E. FUNERAL DIRECTOR Clarence E. Bonoran		24F. ADDRESS 3818 Roland Ave.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 10 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Clarence E. Bonoran	

VS 150

1 2 5 2 8 2 0 9 2 6 6

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9272
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) George Boal Herman		2. DATE OF DEATH Oct. 9. 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 4501 Maine Ave.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 30 years Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 4501 Maine Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 31, 1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Supt. Road		9. AGE (In years last birthday) 53	11. BIRTHPLACE (State or foreign country) Lutherville Md.
10B. KIND OF BUSINESS OR INDUSTRY Balto. City		12. CITIZEN OF WHAT COUNTRY ✓	
13. FATHER'S NAME Engineering Emanuel W. Herman		14. MOTHER'S MAIDEN NAME Elizabet Boal	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Elizabeth Boal		ADDRESS 4501 Maine Ave	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) Acute Hemiplegia of lung DUE TO		24 hrs -
(B) I. b. e. DUE TO		30. yrs -
(C) The Pneumonia DUE TO		3 days -
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Oct 6 , 19 52 to Oct 8 , 19 52 , that I last saw the deceased alive on Oct 8 , 19 52 , and that death occurred at 21 m. , from the causes and on the date stated above.				
23A. SIGNATURE Dr. Thor J. Abbott		23B. ADDRESS 5509 Liberty Heights Rd		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct. 11, 1952	24C. NAME OF CEMETERY OR CREMATORY Govans Presbyterian	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR Oct 10 1952		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR E. Elsworth Armacost

5137 57

872 97

AT 11:00 PM

TO THE HONORABLE
MEMBERS OF THE
COMMISSIONERS OF THE
LAND OFFICE
OF THE STATE OF
NEW YORK
IN SENATE
CHAMBER
ALBANY
JANUARY 10, 1907

VALLEY
CONGRE
BOND
LIBRARY
UNIVERSITY

THE
LIBRARY
OF THE
VALLEY
CONGRE
BOND
LIBRARY
UNIVERSITY

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9273**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Smokvena

2. DATE
OF
DEATH

Oct. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
1144 Nanticoke St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE **Md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore **21-02**

D. STREET ADDRESS (If rural, give location)
1144 Nanticoke St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

June 17, 1871

9. AGE (In years last birthday)
81 yrs.

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Louis Knodt

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no none

16. SOCIAL SECURITY NO.
none

17. INFORMANT ADDRESS
Mrs. Norman Clarke 1023 Wildwood Pkw

18. **585X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Generalized peritonitis

36 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

auto intoxication

1 day

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/8**, 19**52**, to **10/9**, 19**52**, that I last saw the deceased alive on **10/9**, 19**52**, and that death occurred at **4:30** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county) (State)

Edmondson Ave. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

SCHWEINSBERG FUNERAL SERVICE

1126 W. Cross St.

VS 150

52 9273

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

ANDREW D. DODD, PRINTER

1901

NEW YORK

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

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STATE OF NEW YORK

IN SENATE

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NEW YORK

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

ANDREW D. DODD, PRINTER

1901

NEW YORK

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

616
52 9274

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9274
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Kenneth Varborough

2. DATE
OF
DEATH

10-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1326 Binders Court.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Maryland

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-06

D. STREET ADDRESS (If rural, give location)

1326 Binders Court.

5. SEX

male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-14-03

9. AGE (In years
last birthday)

49

10. Under 1 Year
Months: Days

6 24

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

Rocky Mount, N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Alice Varborough

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

247-01-0937

17. INFORMANT ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Heart Disease

1 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Heart Disease
(C) Cardiac Decompensation

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Accident

1947

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Aug 16, 1952, to Oct. 8, 1952, that I last saw the
deceased alive on Oct. 7, 1952, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. L. Luck M. O.

23B. ADDRESS

427 Swale Ave

23C. DATE SIGNED

10-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 12, 1952

24C. NAME OF CEMETERY OR CREMATORY

Swift Creek

24D. LOCATION (City, town, or county)

Rocky Mount, N.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

Oct 10 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Joseph L. Russ 1200 McCulloch St.

ADDRESS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9275**

BIRTH NO. **320**

1. NAME OF DECEASED
(Type or Print) **Jessie Matthews**

2. DATE OF DEATH **Oct. 8-1952**

3. PLACE OF DEATH
A. Baltimore City, Maryland **824 Rutland Ave**

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE **MD** B. COUNTY **705**

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore City

Length of stay in Baltimore **life**

D. STREET ADDRESS (If rural, give location)
824 Rutland Ave

5. SEX **Female** 6. COLOR OR RACE **Colored** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **Sept 14** 9. AGE (In years last birthday) **70** 11. Under 1 Year Months: Days 12. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Baltimore Md** 12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **Charles Williams**

14. MOTHER'S MAIDEN NAME **Indiana Deshields**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **Edith P. Distance** ADDRESS **824 Rutland Ave**

18. **442X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Cardiovascular disease** DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) **Hypertension - essential** DUE TO
(C) **Arteriosclerosis, senile**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June**, 1952, to **October**, 1952, that I last saw the deceased alive on **8 Oct**, 1952, and that death occurred at **8:00** a.m., from the causes and on the date stated above.

23A. SIGNATURE **A. C. Beerswell** M. D. 23B. ADDRESS **121 Airquith St** 23C. DATE SIGNED **10-9-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Oct 11-52** 24C. NAME OF CEMETERY OR CREMATORY **Mt Calvary Cemetery** 24D. LOCATION (City, town, or county) (State) **Baltimore Md**

DATE RECEIVED BY LOCAL REGISTRAR **OCT 10 1952** REGISTRAR'S SIGNATURE **H. W. Williams** 25. FUNERAL DIRECTOR **1515 McEldy** ADDRESS

VS 150 **520009270**

CERTIFICATE OF DEATH

1957

DECEASED

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

MARRIAGE

OCCUPATION

CAUSE OF DEATH

MANNER OF DEATH

SIGNATURE

DATE

PLACE

TIME

WITNESSES

DOCTOR

CITY

STATE

COUNTY

ZIP

FEDERAL

DEPARTMENT

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9276
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) CHARLOTTE VERNE SIEMON			2. DATE OF DEATH OCT 8, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY _____		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hosp			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-10		
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) 3910 Liberty Heights Ave.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 8, 1871		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ohio
13. FATHER'S NAME Emile Loeber			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -			16. SOCIAL SECURITY NO. none		
			17. INFORMANT ADDRESS Mr. John A. Siemon-3910 Liberty Hgts. Ave		

18.	420.0	I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion			
	DUE TO			
	DUE TO			
II				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic heart disease				
DUE TO				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19a. DATE OF OPERATION 10-8-52		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **10-8-52** to **10-8-52**, that I last saw the deceased alive on **10-8-52** and that death occurred at **8:15** m., from the causes and on the date stated above.

23a. SIGNATURE Harold S. Green, Jr.	23b. ADDRESS Union Memorial Hospital	23c. DATE SIGNED 10-8-52
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 10/13/52	24c. NAME OF CEMETERY OR CREMATORY Acacia Memorial Park	24d. LOCATION (City, town, or county) (State) Cleveland, Ohio
---	------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR Oct 15 1952	REGISTRAR'S SIGNATURE Harold S. Green, Jr.	25. FUNERAL DIRECTOR Wm. J. Lickner & Sons	ADDRESS
--	--	--	---------

1952 OCT 9 27 Baeto 17, Md.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

8738

REPUBLIC OF CHINA

1954

Blank lined page with two binder holes on the right side.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9277**

BIRTH NO. **52 9277**

1. NAME OF DECEASED
(Type or Print)

WILLIAM J. DOHLER, SR.

2. DATE
OF
DEATH

Oct. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE **206 S. Harmison Street**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
206 S. Harmison St.

Length of stay in Baltimore

5. SEX **male** 6. COLOR OR RACE **white** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Dec. 31, 1892** 9. AGE (In years last birthday) **59** 11 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Supt.** 10B. KIND OF BUSINESS OR INDUSTRY **Contr. Bldg.**

11. BIRTHPLACE (State or foreign country) **Maryland** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob Dohler

14. MOTHER'S MAIDEN NAME

Elizabeth Brandau

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **no** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Ann H. Dohler - 206 S. Harmison St.

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **1942**, 19, to **Oct 8**, 19**52**, that I last saw the deceased alive on **Oct 7**, 19**52**, and that death occurred at **1 A** m., from the causes and on the date stated above.

23A. SIGNATURE

Edward S. Collins

23B. ADDRESS

M. D.

4300 Liberty Hb Av

23C. DATE SIGNED

10/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

10/11/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR
OCT 10 1952

REGISTRAR'S SIGNATURE

William J. Dohler, Jr.

25. FUNERAL DIRECTOR

Wm. J. Vickner & Sons

ADDRESS

Balto 17, Md.

VS 150

1952 229 024 027 0

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
BUREAU OF PRISONS

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

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RECEIVED

RECEIVED

RECEIVED

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9278**

1. NAME OF DECEASED (Type or Print) Mollie Hill		2. DATE OF DEATH 10/7/1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 15 South Bond Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE 33 Yrs.		D. STREET ADDRESS (If rural, give location) 15 South Bond Street	
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March-2-1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 71
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Ella Johnson	
17. INFORMANT Laura Hill		ADDRESS 15 South Bond Street	

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3-4 mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Oct 7 1952		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 3-52 , 19 52 , to Oct 7 , 19 52 , that I last saw the deceased alive on Oct 7 , 19 52 , and that death occurred at 7 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Wm. L. Conberry		23B. ADDRESS 1420 E. Chase		23C. DATE SIGNED 10-9-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/12/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Olive Cemetary	
24D. LOCATION (City, town, or county) (State) King & Queen Co. Va.					

DATE RECEIVED BY LOCAL REGISTRAR OCT 10 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR Eloy Wilson 1044 Brantly Rd	
--	--	---	--	--	--

MEDICAL CERTIFICATION

correct use is especially important. Physicians write the causes of death clearly and legibly.

Edward W. Linn

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9279**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIA M. GORDON

2. DATE
OF
DEATH

OCTOBER 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **1117 INNER CIRCLE**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

STATE **MARYLAND** COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 25-05

D. STREET ADDRESS (If rural, give location)

1117 INNER CIRCLE

Length of stay in Baltimore Yrs. Mos. Days

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED**

8. DATE OF BIRTH **OCT. 2, 1880** 9. AGE (In years last birthday) **72** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE 10B. KIND OF BUSINESS OR INDUSTRY **HOME**

11. BIRTHPLACE (State or foreign country) **NEW YORK** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **JOHN DANIEL MARTINI**

14. MOTHER'S MAIDEN NAME **JULIA HIGGINS**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **MRS. BESSIE HARTMAN** ADDRESS **1117 INNER CIRCLE**

18. **332X** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Left cerebral Thrombosis**

INTERVAL BETWEEN ONSET AND DEATH

2 weeks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Right Hemiplegia complete & aphasia.**

2 weeks.

(C) **Generalized Arteriosclerosis.**

15y +

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension Obesity & arthritis

10-15y +

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1948**, 19___, to **10-8-52**, 19___, that I last saw the deceased **live** on **10-8-52**, 19___, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

[Signature]

642 N. B. St.

10-10-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

OCT-13-52

HOLY CROSS

BROOKLYN

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 10 1952

Huntington Williams, M.D.

John A. Grebliauskas Jr.

RECEIVED
JAN 10 1900

THE
OFFICE OF THE
SHERIFF

STATE OF
NEW YORK

IN SENATE
JANUARY 10, 1900

REPORT OF THE
SHERIFF

FOR THE YEAR
1899

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

PLACE OF DEATH COUNTY <u>Baltimore</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ellicott City</u> TOWN <u>Ellicott City</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Howard</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ellicott City</u> TOWN <u>Ellicott City</u> STREET ADDRESS (If rural, give location) <u>284 Main St.</u> <u>6300</u>					
3. NAME OF DECEASED (Type or Print) <u>AMANDA ELIZABETH RADCLIFFE</u>		4. DATE OF DEATH (Month) <u>10</u> (Day) <u>7</u> (Year) <u>1952</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>1872</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE last birthday <u>80</u> yrs. <table border="1"> <tr> <td>If under 1 year</td> <td>If under 24 hrs.</td> </tr> <tr> <td>Months</td> <td>Days</td> </tr> </table>	If under 1 year	If under 24 hrs.	Months	Days
If under 1 year	If under 24 hrs.						
Months	Days						
11. BIRTHPLACE (State or foreign country) <u>Baltimore Co. Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13. FATHER'S NAME <u>Matthew Curran</u>		14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Keith</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>					
17. INFORMANT AND ADDRESS <u>Mrs. James Craig, Ellicott City, Md.</u>		18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) <u>Myocardial Infarction</u> Antecedent cause(s) (b) <u>Generalized Arterio Sclerosis</u> (c) <u>stating the underlying cause last</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION					
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) <u>Ellicott City</u>	(COUNTY) <u>Howard</u>				
TIME (Month) (Day) (Year) (Hour) <u>10-7-52</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>9-12</u> , 19 <u>48</u> , to <u>10-7</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-7</u> , 19 <u>52</u> , and that death occurred at <u>7:15</u> m., from the causes and on the date stated above.							
SIGNATURE <u>James Estowel</u>		ADDRESS <u>Ellicott City, Md.</u>					
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>10-10-52</u>	NAME OF CEMETERY OR CREMATORY <u>St. Johns</u>				
LOCATION (City, town, or county) <u>Ellicott City, Md.</u>		(State) <u>Md.</u>					
DATE REC'D BY LOCAL REG. <u>OCT 10 1952</u>		24. FUNERAL DIRECTOR <u>F.C. Higinbotham, Ellicott City, Md.</u>					

10 | 10 | 52 ✓

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9281

BIRTH NO. 52 9281

1. NAME OF DECEASED
(Type or Print)

CINDY MARIE HESS

2. DATE
OF
DEATH

October 9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE MD.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION HOME:
5300 MAPLE AVE.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE MARYLAND B. COUNTY BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 1, 27-11

D. STREET ADDRESS (If rural, give location)
5300 MAPLE AVE.

Length of stay in Baltimore 1 month 6

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9-3-52

9. AGE (In years
last birthday)

10 Under 1 Year
Months: Days
1 6

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

John George Hess Jr.

14. MOTHER'S MAIDEN NAME

MARGARET ELLEN SHERMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother 5300 Maple Ave.

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congenital cyanotic heart defect

1 month

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 3, 1952 to Oct. 9, 1952, that I last saw the
deceased alive on Oct. 6, 1952, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Ann H. Berkobren

23B. ADDRESS

M. O. University Hospital, Balto 1.

23C. DATE SIGNED

10-9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE
OCT 10 1952

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24E. NAME OF CEMETERY OR CREMATORY

24F. LOCATION (City, town, or county) (State)

24G. LOCATION (City, town, or county) (State)

24H. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

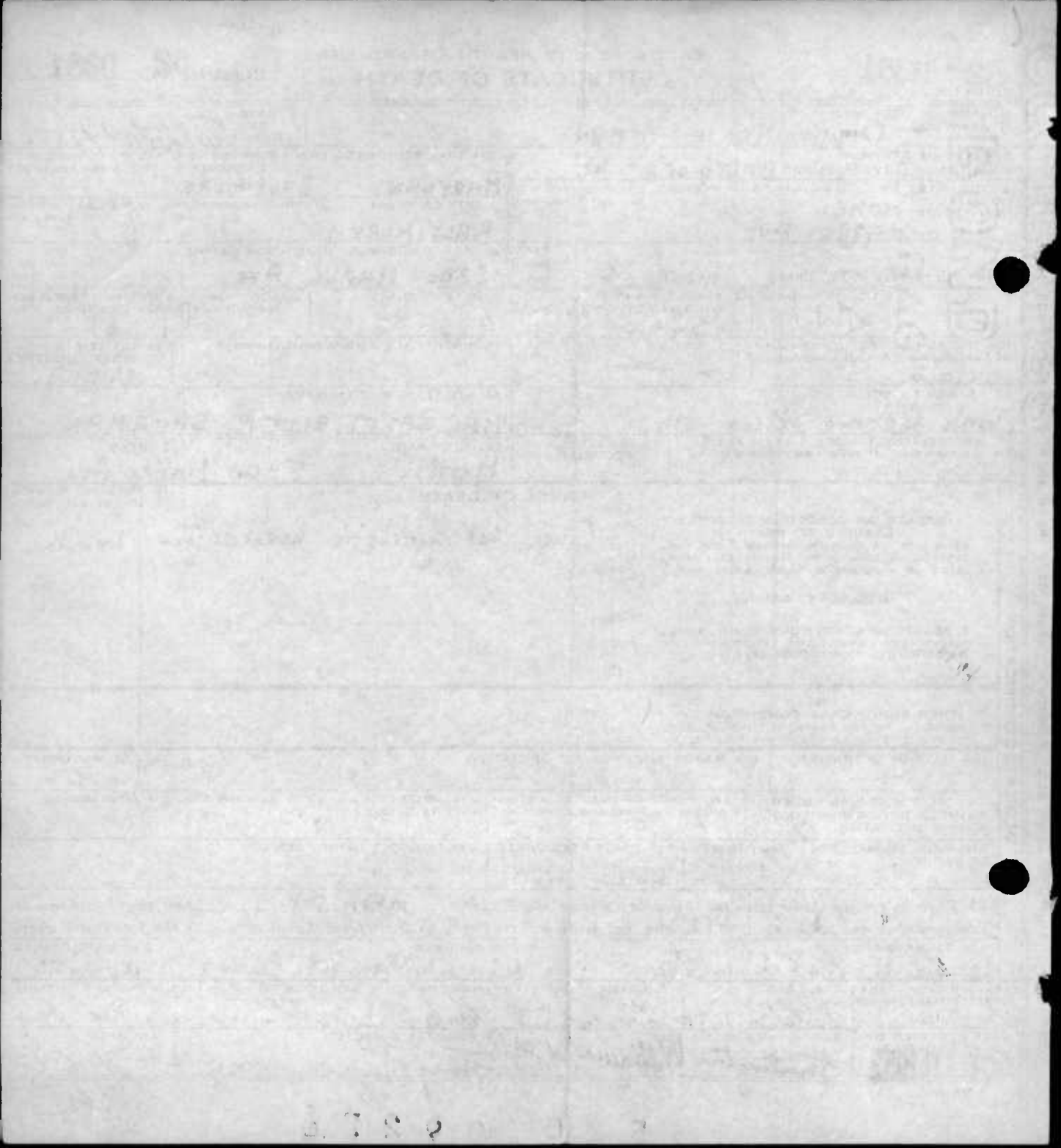
25. FUNERAL DIRECTOR

ADDRESS

5005 P.H. Halls

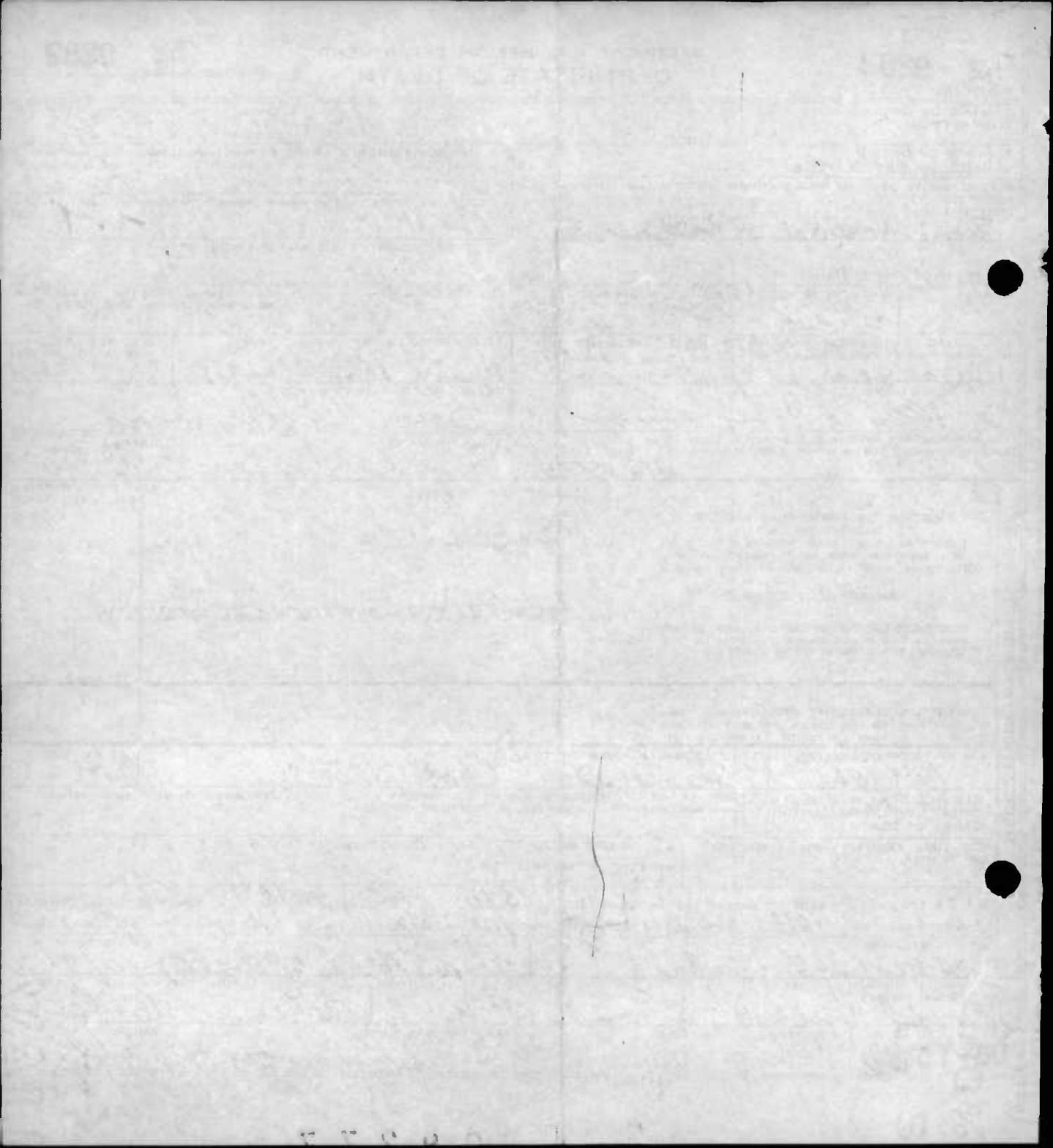
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650
52 9282
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9282
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Graham, William D.</i>		2. DATE OF DEATH <i>10/8/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>5200 Florence Ave., Baltimore</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital of Baltimore, Inc.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>27-10</i>	
6. LENGTH OF STAY IN BALTIMORE <i>72</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>5200 Florence Ave</i>	
7. SEX <i>M</i>	8. COLOR OR RACE <i>white</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	10. DATE OF BIRTH <i>11-11-05</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Watchman</i>		12. AGE (in years last birthday) <i>46</i>	
13. FATHER'S NAME <i>William J. Graham</i>		14. BIRTHPLACE (State or foreign country) <i>Union Bridge Md</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
17. SOCIAL SECURITY NO. <i>218-05-3112</i>		18. MOTHER'S MAIDEN NAME <i>Bora E. Hansburg</i>	
19. INFORMANT <i>Elynn M. Graham</i>		20. ADDRESS <i>5200 Florence Ave</i>	
18. <i>587.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Shock</i> DUE TO ANTECEDENT CAUSES (B) <i>Acute Hemorrhagic Pancreatitis</i> DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>10/6/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Pancreatitis, Cholelithiasis</i>	
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		20B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21A. TIME (Month) (Day) (Year) (Hour) OF INJURY		21B. WHERE DID INJURY OCCUR?	
21C. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21D. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/6</i> , 19 <i>52</i> to <i>10/8</i> , 19 <i>52</i> that I last saw the deceased alive on <i>10/8</i> , 19 <i>52</i> and that death occurred at <i>2:35 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Stanley C. Rubnitz</i>		23B. ADDRESS <i>Sinai Hosp. of Balto.</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>10/9/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>		24D. LOCATION (City, town or county) (State) <i>Baltimore Maryland</i>	
25. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 10 1952</i>		26. REGISTRAR'S SIGNATURE <i>H. E. G. W.</i>	
27. FUNERAL DIRECTOR <i>Loring Lyon</i>		28. ADDRESS <i>5005 Park Dr.</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9283

BIRTH NO. 52 9283

1. NAME OF DECEASED
(Type or Print)

Linda Deitz

2. DATE
OF
DEATH

10/10/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

42 Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 12-05

d. STREET ADDRESS (If rural, give location)

437 E. North ave Balt #2

length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

4/11/49

9. AGE (in years
last birthday)

3 1/2

If Under 1 Year
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Charles Deitz

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

US

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Hospital Records

ADDRESS

18. 587.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

filarioid disease of
parotid

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/26/52 1952, to 10/10, 1952 that I last saw the
deceased alive on 10/9, 1952 and that death occurred at 8:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE

Irving Kramer

M. D.

23b. ADDRESS

Sinai Hospital

23c. DATE SIGNED

10/10/52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

Oct 13-52

24c. NAME OF CEMETERY OR CREMATORY

St Johns Cemetery

24d. LOCATION (City, town, or county)

Camp Hill Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

F. Elm - Low Rutherford

ADDRESS

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9284
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Irene Taletha Harper

2. DATE OF DEATH **Oct. 8, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1918 Chelsea Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY **none**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1918 Chelsea Road

E. Length of stay in Baltimore

51 Yrs.
Mos.
Days

5. SEX **female** 6. COLOR OR RACE **white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH
March 28, 1878

9. AGE (In years last birthday) **74** 10 Under 1 Year Months: Days: 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Prince George County, Md.

12. CITIZEN OF WHAT COUNTRY?
U. S.

13. FATHER'S NAME

Beall Duvall Mullikin

14. MOTHER'S MAIDEN NAME
Taletha W. Duvall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Robert B. Harper 1918 Chelsea Road

18. **420.1** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Coronary Thrombosis**

5 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **cardio vascular disease**

about 4 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct. 3, 1952**, to **Oct. 8, 1952**, that I last saw the deceased alive on **Oct. 8, 1952**, and that death occurred at **2 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2220 Garrison Boulevard

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
10-11-52

24C. NAME OF CEMETERY OR CREMATORY
Druid Ridge

24D. LOCATION (City, town, or county) (State)
Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 11 1952

John O. Mitchell & Sons, Inc.

John O. Mitchell & Sons, Inc.-1900 Eutaw Place

22 20 Garrison Blvd.

Dr. Walter S. Nibley

650
52 9285BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

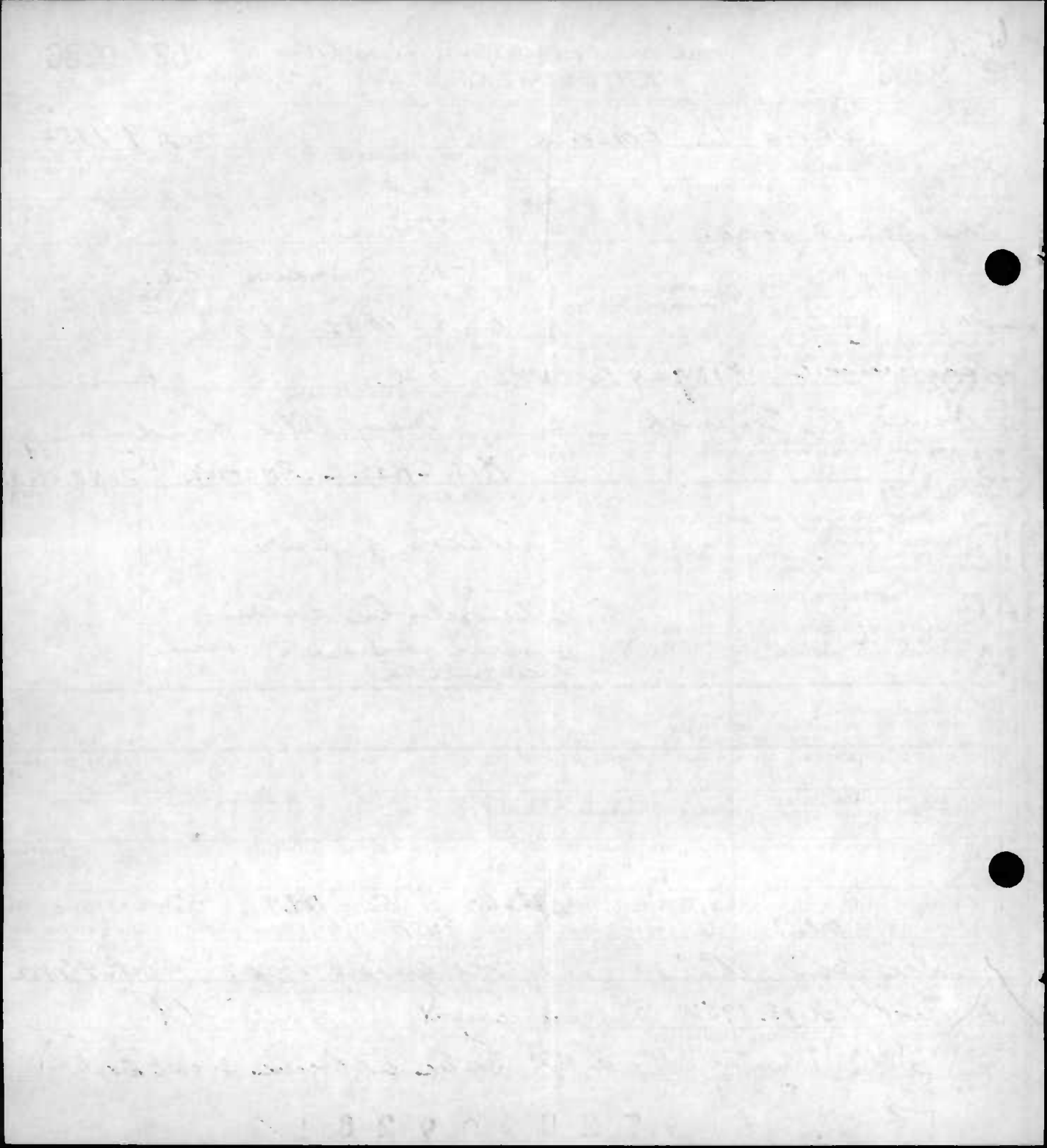
Registered No. 52 9285

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Rose Parham</i>		2. DATE OF DEATH <i>10/8/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>133-S. Parkin St</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>38 University Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. Md</i>			
C. Length of stay in Baltimore <i>58 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>133-S. Parkin 18-03</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>1894</i>	9. AGE (In years last birthday) <i>58 yrs</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Unknown</i>	
13. FATHER'S NAME <i>Augustus Queen</i>		14. MOTHER'S MAIDEN NAME <i>Mary M. Parr.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Herbert Parham</i>	
				ADDRESS <i>133-S. Parkin St</i>	
18. <i>591X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Uremia</i> DUE TO (B) <i>Nephrosclerosis</i> DUE TO (C) <i>Arterial Subacute glomerulonephritis</i> INTERVAL BETWEEN ONSET AND DEATH					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/2</i> , 19 <i>52</i> , to <i>10/2</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>10/2</i> , 19 <i>52</i> , and that death occurred at <i>3:30</i> A. M., from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles B. Adams Jr.</i>		M. D. <i>University Hosp</i>		23C. DATE SIGNED <i>10/9/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/13/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>West Port Balto. Md</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 11 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Metropolitan Funeral Home Inc.</i>	
				ADDRESS <i>1949 Edmondson Ave</i>	

562
52 9286
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9286
Registered No.

1. NAME OF DECEASED (Type or Print) David L. Emerick		2. DATE OF DEATH Oct. 9 '1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Md. General Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson	
D. STREET ADDRESS (If rural, give location) 515 Dunkirk Rd.		5. SEX m. 6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Aug. 22 '1883	
9. AGE (in years last birthday) 69		10. CITIZEN OF WHAT COUNTRY? American	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? American	
13. FATHER'S NAME David L. Emerick		14. MOTHER'S MAIDEN NAME Mary Ella Lindeman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 422.1	
17. INFORMANT Mrs. Chas. C. Emerick		ADDRESS 515 DUNKIRK RD	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cirrhosis of Liver DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Stenocardiac disease - vascular disease - cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 26 - , 1952 to Oct. 9 , 1952, that I last saw the deceased alive on Oct. 9 , 1952, and that death occurred at 8:15 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Spec. Inv. Lin		23B. ADDRESS Md. General Hosp.	
23C. DATE SIGNED Oct. 9 '1952			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial Oct. 13. 1952		Greenmount. Balto Md.	
25. FUNERAL DIRECTOR		ADDRESS	
Huntington Williams, M.D.		John A. Moran 3000 E. Balto St.	

195200063201



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9287**

BIRTH NO.

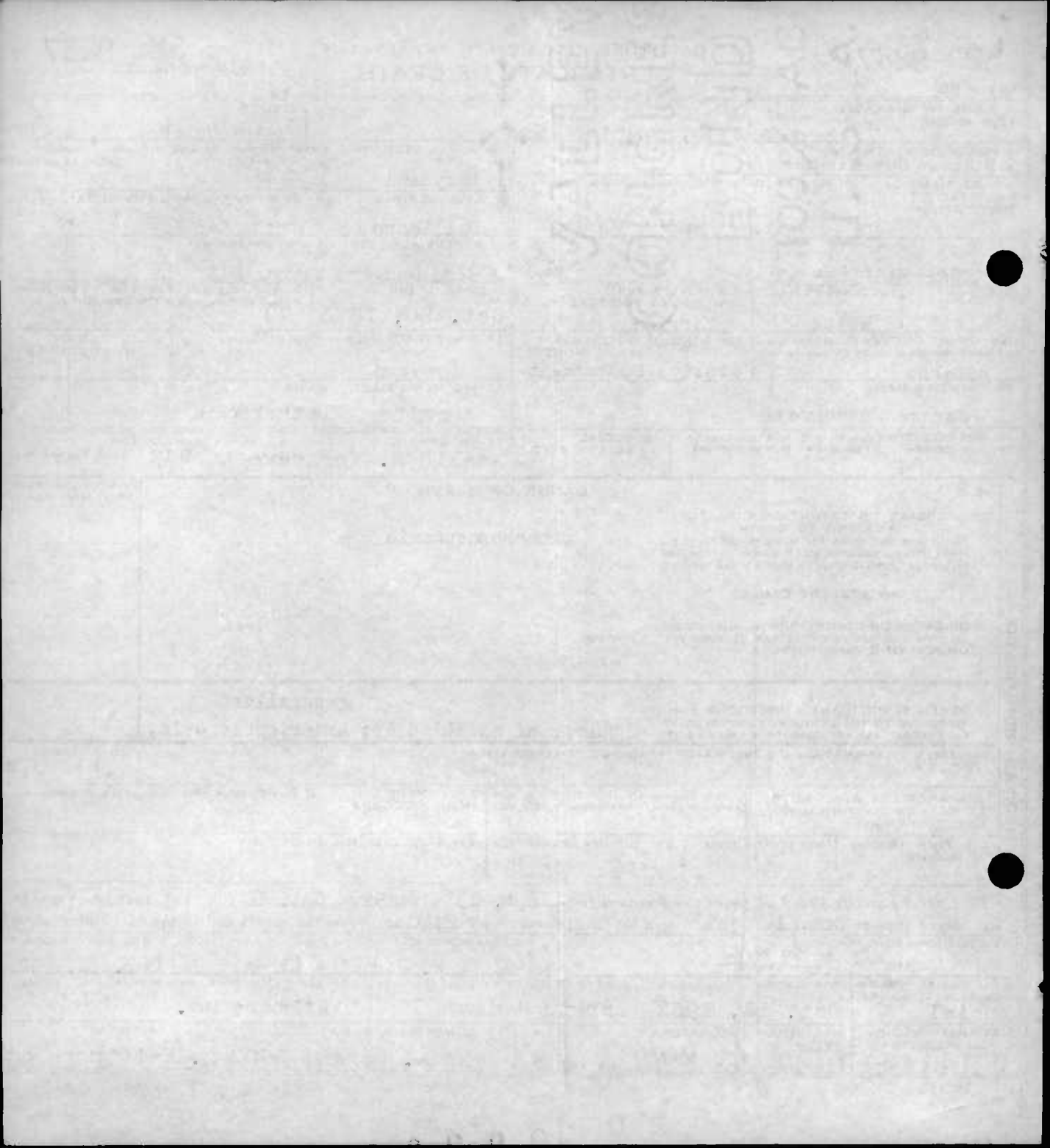
1. NAME OF DECEASED (Type or Print) <u>Morgereth, Henry Joseph</u>		2. DATE OF DEATH <u>October 10, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Joseph's Hospital</u> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> D. STREET ADDRESS (If rural, give location) <u>3233 Dudley Avenue #13</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>26-03</u>	
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 20, 1873</u> 9. AGE (in years last birthday) <u>78</u> 10. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> 10B. KIND OF BUSINESS OR INDUSTRY <u>Police Department</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u> 12. CITIZEN OF WHAT COUNTRY? <u>✓</u>	
13. FATHER'S NAME <u>Joseph Mogueveth</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Flethermuch</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS <u>Amelia M. Morgueveth 3233 Dudley Ave</u>	

18. 491X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bronchopneumonia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) generalized (C) Hydrops of gallbladder; Arteriosclerosis,		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept. 13, 1952 to Oct. 10, 1952 that I last saw the deceased alive on Oct. 10, 1952, and that death occurred at 2:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Charles Formo P</u>		23B. ADDRESS <u>1400 N. Caroline Street</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Oct. 13, 1952</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood Cem</u>		24D. LOCATION (City, town, or county) <u>Baltimore Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 11 1952</u>		25. FUNERAL DIRECTOR ADDRESS <u>John A. Moran 3000 E. Baltimore St</u>	

5200000000



200
52 9288BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9288
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lee E. Lacy		2. DATE OF DEATH Oct. 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 00 2723 N. Charles St.		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2723 N. Charles Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 13, 1865
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 87 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James Joseph Lacy		14. MOTHER'S MAIDEN NAME Catherien Kelly Hurley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Clement F. Butterfield		ADDRESS 2723 N. Charles St	

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

Immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

Generalized Atherosclerosis

Indefinite

Chr. myocarditis

Indefinite

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from —, 1935 to Oct 10, 1952, that I last saw the deceased alive on Oct 10, 1952, and that death occurred at 4:45 am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Nataniel M Beck

M. D.

2818 St Paul St

Oct 11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

10/13/52

New Cathedral Cemetery

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 11 1952

Huntington Williams, M.D. H. V. Mears & Son 805 N Calvert St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9289

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR LEE GOUGH

2. DATE
OF
DEATH

October 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Greenway Apartments

Length of stay in Baltimore

Life

Yrs.
Mos.
Days6. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Sept. 23, 1869

9. AGE (In years
last birthday)

83

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Banking

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Arthur Gough

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

H. Carroll Gough 525 Overbrook Rd.

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushed chest

X0236

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Contusion of heart with cardiac rupture

X0236

(C) Hemothorax

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

34th Street and Charles Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Oct. 9, 1952 6:30 P. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Oct. 10, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10-13-1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. W. Jenkins & Sons Co. 4905 Yorkland

VS 151

N 862.2

correct age is important. Physicians write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9290**

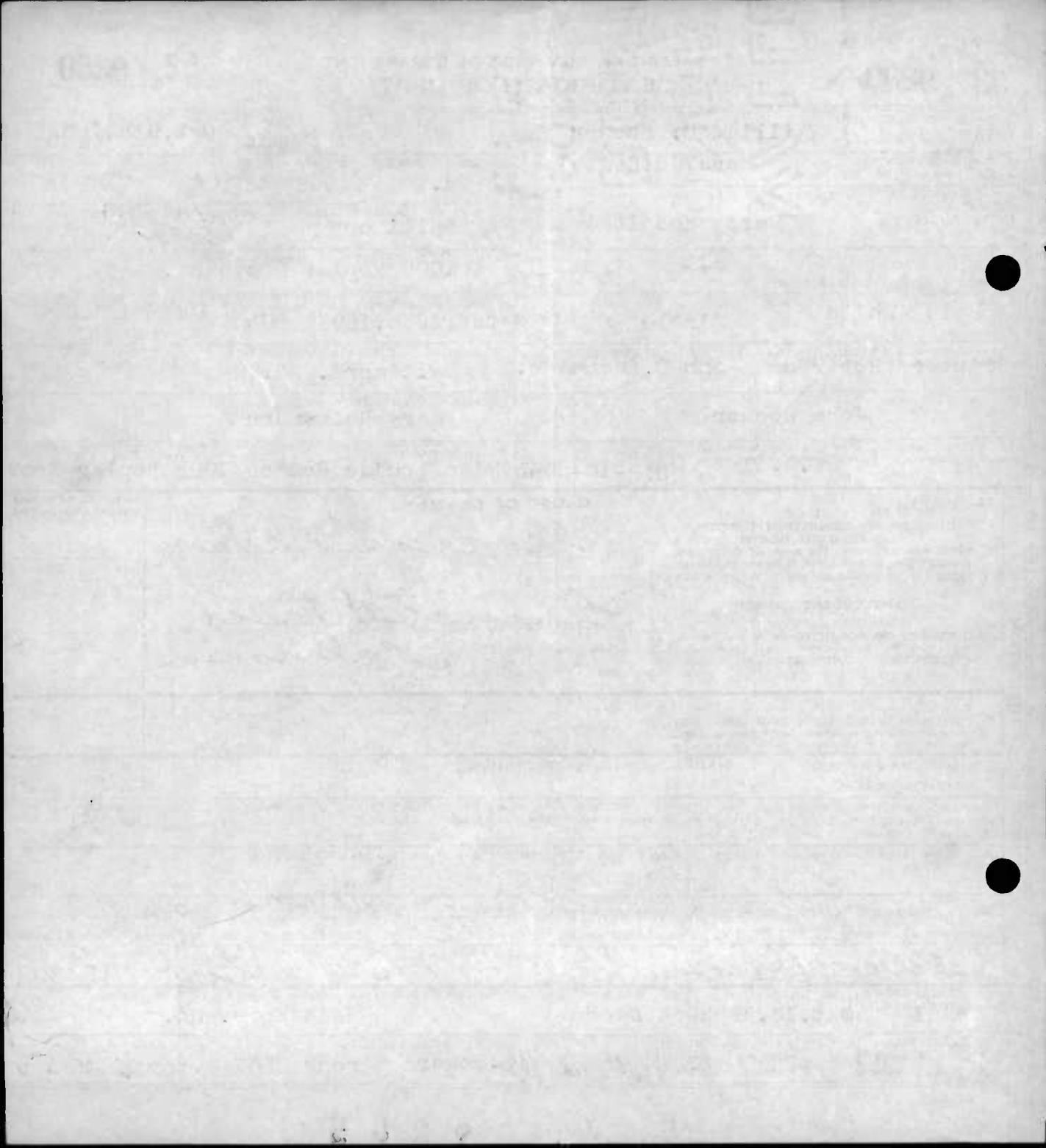
560
BIRTH NO. **52 9290**

1. NAME OF DECEASED (Type or Print) William C. Roemer		2. DATE Oct. 9th, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Mercy Hospital		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1008 Poplar Grove St.		5. LENGTH OF STAY IN BALTIMORE Life	
6. SEX Male	7. COLOR OR RACE White	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	9. AGE (In years, months, days) Oct. 26th, 1891 80
10A. USUAL OCCUPATION (Give kind of work not occupation of business or profession) Printer		10B. KIND OF BUSINESS OR INDUSTRY John D. Lucas Co.	
11. BIRTHPLACE (State or foreign country) Baltimore. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Roemar		14. MOTHER'S MAIDEN NAME Mary Heinemann	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 212-10-5543	
17. INFORMANT Miss Louise Roemer		ADDRESS 1008 Poplar Grove	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH ✓
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. General Intoxication		✓
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION ✓		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ✓		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ✓	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ✓		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? ✓	
22. I hereby certify that I attended the deceased from near 23, 1952 to Oct 9, 1952 , that I last saw the deceased alive on Oct 4, 1952 , and that death occurred at 2 P. m. , from the causes and on the date stated above.					
22A. SIGNATURE John D. Lucas		22B. ADDRESS 1219 Poplar Grove		22C. DATE SIGNED 10/10/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 13, 1952		24C. NAME OF CEMETERY OR CREMATORY Western	
24D. LOCATION (City, town, or county) (State) Baltimore. Md.		25. FUNERAL DIRECTOR G. Howard Strong			
DATE RECEIVED BY LOCAL REGISTRAR OCT 11 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 3207 W. North Ave.	

1952 512491285



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9291**

BIRTH NO. **52 9291**

1. NAME OF DECEASED (Type or Print) JESSE J. ALLEN			2. DATE OF DEATH 10/9/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland 112 Birkhead St.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 00			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 24-03		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 112 Birkhead St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 10/6/1871	9. AGE (In years last birthday) 81	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman (Ret.)		10B. KIND OF BUSINESS OR INDUSTRY B & O R R	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Julia Wrench			14. MOTHER'S MAIDEN NAME William		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Family - Same		

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardio vascular disease. DUE TO Other significant conditions contributing to the death, but not related to the disease or condition causing it.		INTERVAL BETWEEN ONSET AND DEATH Immediate ?
--	--	--

19A. DATE OF OPERATION 10		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **- - 19**, to **10/9/**, 1952, that I last saw the deceased alive on **D. O. A 19**, and that death occurred at **(3:30 a.m.)**, from the causes and on the date stated above.

23A. SIGNATURE <i>Harry Decker</i>	23B. ADDRESS 1226 Hanover St.	23C. DATE SIGNED 10/10/52.
---------------------------------------	---	--------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) B	24B. DATE 10/13/52	24C. NAME OF CEMETERY OR CREMATORY Glen Haven	24D. LOCATION (City, town, or county) (State) Baltimore
---	------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR OCT 11 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS James L. McCully - 130 E. Fort Avenue
--	---	--

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9292

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

HARTSOCK

2. DATE
OF
DEATH

October 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

Montgomery

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Gaithersburg

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-13-1893

9. AGE (In years
last birthday)

59 yrs.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Prison Guard

10B. KIND OF BUSINESS OR
INDUSTRY

State of Md.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William E. Hartsock

14. MOTHER'S MAIDEN NAME

Clara Early

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

World War I

16. SOCIAL
SECURITY NO.

216-05-9221

17. INFORMANT

ADDRESS

Mrs. Marie Hartsock - Above

18. E 816.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Skull fracture

~~NOSE~~ Contusion of brain

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Crushed chest

~~NOSE~~ Mediastinal emphysema

(C) Pulmonary atelectasis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Route 1 and Route 32

21D. TIME (Month) (Day) (Year) (Hour)

Oct. 3, 1952 7:00

21E. INJURY OCCURRED

WHILE AT
WORK ☒NOT WHILE
AT WORK ☐21F. HOW DID INJURY OCCUR? Driver of truck in
head-on collision with tractor trailer22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Oct. 10, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10-13-52

24C. NAME OF CEMETERY OR CREMATORY

St. Johns Cemetery

24D. LOCATION (City, town, or county)

Ellicott City, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MacNabb and Son - Catonsville, Md.

VS 151

N804.2

263 92

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 9293

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9293
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIE

WADLER

2. DATE OF DEATH
October 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Morgue

Length of stay in Baltimore 40 Yrs.

Yrs.
Mos.
Days

6. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Jan. 8th. 1891

9. AGE (In years last birthday)

61

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Skill Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Sparrow Point

11. BIRTHPLACE (State or foreign country)

Emporia Virginia

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Willie Wadler Sr.

16. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME

Annie Wadler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

ADDRESS

Saddie Withers 1241 E. Lexington St

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Oct. 9, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/12/1952

24C. NAME OF CEMETERY OR CREMATORY

Family Plot Cem.

24D. LOCATION (City, town, or county)

Emporia Virginia

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

10-23-80

10-23-80

30



52 9294

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9294

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ellie Meade</i>			2. DATE OF DEATH <i>10/10/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Bethel City</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>39 Provident Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-02</i>		
Length of stay in Baltimore <i>5 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>1334 Apple Ave</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>March 1, 1918</i>	9. AGE (In years last birthday) <i>34</i>	If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Private Family</i>	11. BIRTHPLACE (State or foreign country) <i>Denver, Colo., Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Theodore Meade</i>			14. MOTHER'S MAIDEN NAME <i>Elinor Byrd</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Olis Jones 7347 Quailton Ave</i>		

18. *170X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Carcinoma of Breast*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Pulmonary Metastases*

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION *3/52*19B. MAJOR FINDINGS OF OPERATION
Carcinoma

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *9/25/52*, 19*52*, to *10/10/52*, 19*52*, that I last saw the deceased alive on *10/10/52*, 19*52*, and that death occurred at *10:35* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

52 9295

52 9295

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Devers William

2. DATE
OF
DEATH

10-11-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

38 University Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

2560 Frederick

Maryland

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

20-04

D. STREET ADDRESS (If rural, give location)

2560 Frederick Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9/8/1884

9. AGE (In years last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Michigan

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Adlard Bennecke

14. MOTHER'S MAIDEN NAME

Anna Slatron

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

F.D. J. A. DeSantis, Detroit, Mich.

18. 199.9

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Hemolytic Anemia

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized Greenomatosis

unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10-8, 1951 to 10-11, 1952, that I last saw the deceased alive on 10-11, 1952, and that death occurred at 10:50 Am., from the causes and on the date stated above.

23A. SIGNATURE

W. L. Heimer

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/15/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Detroit, Michigan

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul st

Queried, no further data available

10/20/52 ES

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-435

CERTIFICATE CORRECTED 10-24-52

BALTIMORE CITY HEALTH DEPARTMENT

52 9296

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Veltan

2. DATE
OF
DEATH

10-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1/8 Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

32nd St. + Crittenton Rd.

5. SEX

6. COLOR OF FACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min. 12. CITIZEN OF WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Fern Allen Bachman

14. MOTHER'S MAIDEN NAME

Reuby Joan Barbara Veltan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 776X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Immaturity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Premature labor

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4/52, 19, to 10/4/52, 19, that I last saw the deceased alive on 10/4/52, 19, and that death occurred at 3:55 PM from the causes and on the date stated above.

23A. SIGNATURE

Ref. So. Kern

23B. ADDRESS

Mr. Gen. Corp.

23C. DATE SIGNED

10-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

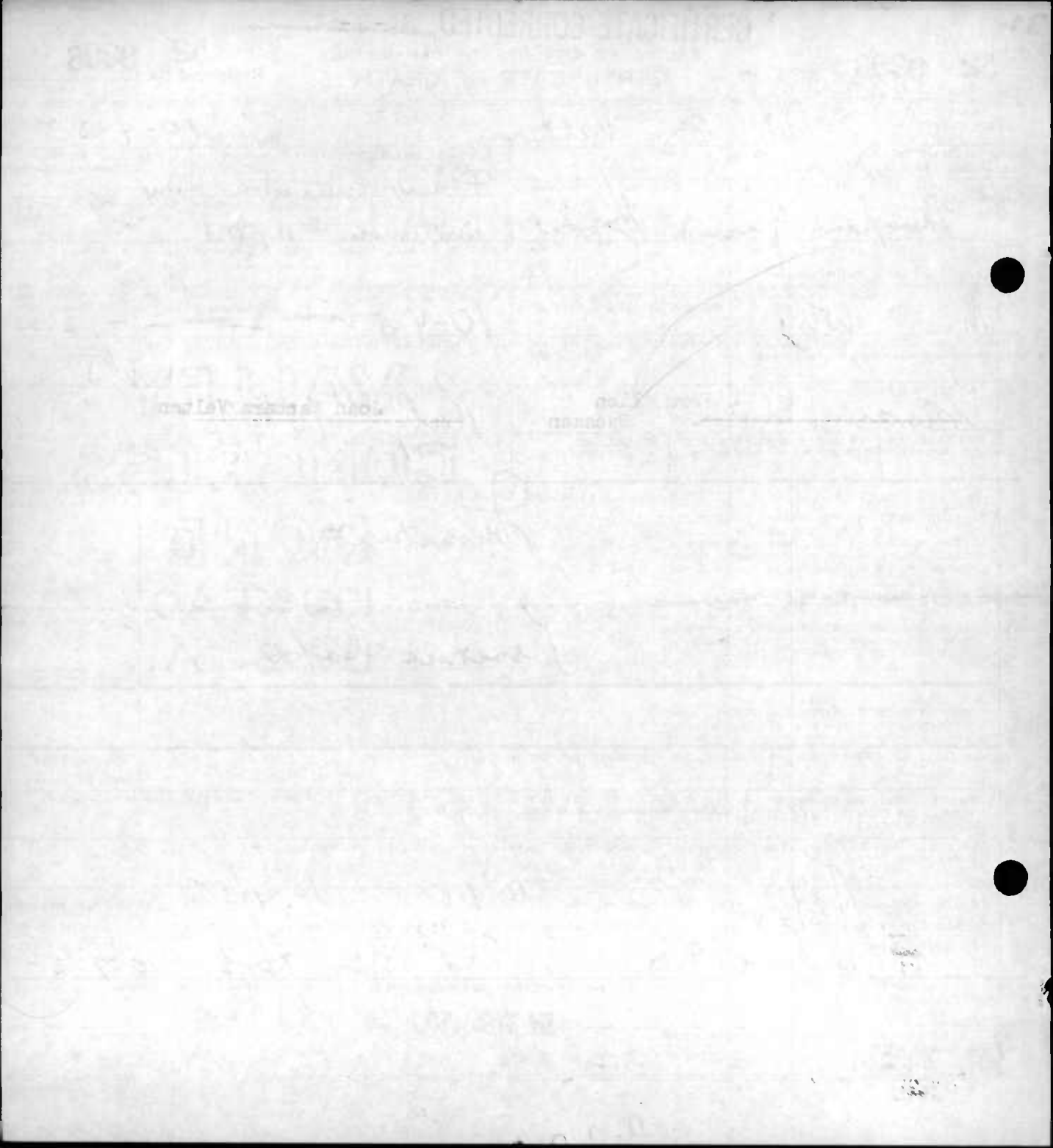
25. FUNERAL DIRECTOR

Huntington Williams, M.D.

ADDRESS

5200

JOHN HOPKINS MEDICAL SCHOOL OCT 10 1952



correct age is important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				52 9297		Registered No.	
BIRTH NO.							
1. NAME OF DECEASED (Type or Print)		STAGGY		2. DATE OF DEATH		September 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		A. STATE		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		Baltimore City Morgue		Maryland			
5. SEX		6. COLOR OR RACE		C. CITY OR TOWN		(If outside corporate limits, write RURAL and give township)	
Male		Colored		Baltimore		3-02	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
N		U		60?			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
		N		K			
13. FATHER'S NAME		O		14. MOTHER'S MAIDEN NAME		O	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
(If yes, give war or dates of service)		N		N			
18. 443X I CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) Hypertensive Heart Disease			
ANTECEDENT CAUSES				(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>partial</u> autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER.....		23C. DATE SIGNED			
R. Fisher		M.D. ASSISTANT MEDICAL EXAMINER.....		9/29/52			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
				UNIVERSITY MEDICAL SCHOOL		OCT 10 1952	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
OCT 12 1952		Huntington Williams, M.D.		Huntington Williams, M.D.			

STATE OF TEXAS
COUNTY OF DALLAS

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said County, at Dallas, Texas, this 1st day of January, 1925.

County Clerk

52 9298

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9298
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LUTHER KING			2. DATE OF DEATH 12 OCT. 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE md b. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 416 Lutheran Hosp			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Sp. 13-07		
6. LENGTH OF STAY IN BALTIMORE 2 yr			d. STREET ADDRESS (If rural, give location) 4020 Evans Chapel Rd		
7. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct 21, 1901	9. AGE (In years last birthday) 50	10. Under 1 Year Months: Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk			10b. KIND OF BUSINESS OR INDUSTRY Hardware Store		
11. BIRTHPLACE (State or foreign country) TEXAS			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Luther King			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 704-09-1379		
17. INFORMANT Bonnie M King			ADDRESS 4020 Evans Chapel Road		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 3 hrs		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ASCVD					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 12 , 1952, to Oct 12 , 1952, that I last saw the deceased alive on Oct. 12 , 1952, and that death occurred at 3:30 m. , from the causes and on the date stated above.					
23a. SIGNATURE Anthony J. McGovern		23b. ADDRESS Lutheran Hosp.		23c. DATE SIGNED 12 Oct. 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Tralkers Chapel Cem.	
24d. LOCATION (City, town, or county) (State) Ft Payne Alabama		24e. NAME OF CEMETERY OR CREMATORY Tralkers Chapel Cem.		24f. LOCATION (City, town, or county) (State) Ft Payne Alabama	
DATE RECEIVED BY LOCAL REGISTRAR OCT 12 1952		REGISTRAR'S SIGNATURE Huntington Williams		FUNERAL DIRECTOR Frank H. Seth	
ADDRESS 814 21st St.		ADDRESS 814 21st St.		ADDRESS 814 21st St.	

1920

25

CERTIFICATE OF DEATH

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52 9299

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9299

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES H. HENKEL

2. DATE
OF
DEATH

10-9-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

2746 Edmondson Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 16-06

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

2746 Edmondson Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

SEAL CONTRACTOR SELF BUILDING

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Gottfried HENKEL

14. MOTHER'S MAIDEN NAME

MARY MULLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

SADIE HENKEL 2746 Edmondson

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Cerebral Hemorrhage

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

Hypertension

10 yrs

(C) ...

Arteriosclerosis

10 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from July 1945, to 10-9-52, 1952, that I last saw the
deceased alive on 10-9-52, 1952, and that death occurred at 10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Geo. C. Wells

M. D.

23B. ADDRESS

4100 Edmondson Ave.

23C. DATE SIGNED

10/10/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 12 1952

Huntington Williams, M.D.

Rott & B. M. Walters

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THE UNIVERSITY OF CHICAGO

LIBRARY OF THE UNIVERSITY OF CHICAGO

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243
52 9300BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9300
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAZIMIR AKELAITIS

2. DATE
OF
DEATH

10/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4305 VALLEYVIEW ROE

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4305 VALLEYVIEW

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN. 5, 1888

9. AGE (In years last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PRESSER

10B. KIND OF BUSINESS OR INDUSTRY

TAILORING

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOUZAS. AKELAITIS (M)

14. MOTHER'S MAIDEN NAME

MAGDEGARA STANISKEVIC

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

EVA. AKELAITIS Same -

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

Acute Cardiac Failure

Generalized Arteriosclerosis

Cardiovascular Disease

Multiple Arthritis

1 day

5 yr

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/8, 1948, to 10/10, 1952, that I last saw the deceased alive on 10/10, 1952, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph L. Lawkaitis

M. O.

23B. ADDRESS

679 Washington Bldg

23C. DATE SIGNED

10/11/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

OCT 12 1952

Huntington Hillside, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jas. V. Kachawsky

VS 150

690 46

25 McKenny St.

Mrs + Mr Jerome
Taroza
TAUROZ #

STATE OF NEW YORK DEPARTMENT OF HEALTH

CAUSE OF DEATH

DATE OF DEATH: _____

PLACE OF DEATH: _____

AGE: _____ SEX: _____

EDUCATION: _____ OCCUPATION: _____

PREVIOUS ILLNESS: _____

IMMEDIATE CAUSE OF DEATH: _____

UNDERLYING CAUSE OF DEATH: _____

OTHER CAUSES OF DEATH: _____

DATE OF REPORT: _____

SIGNATURE: _____

PRINTED NAME: _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52-9302

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Emily White*2. DATE
OF
DEATH*Oct. 8, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md.* B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
*Balto.*D. STREET ADDRESS (If rural, give location)
322 N. Fulton Ave.

Length of stay in Baltimore

5. SEX

*Female Col.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widow*

8. DATE OF BIRTH

*Oct. 15, 1885*9. AGE (In years
last birthday)*66*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Wise N.C.*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

John Watkins

14. MOTHER'S MAIDEN NAME

*Sarah ?*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.

17. INFORMANT

Fannie Sharp 322 N. Fulton Ave

ADDRESS

18. *356.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*No*INTERVAL BETWEEN
ONSET AND DEATH*10/1/52
to
10/8/52*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10/1/52*, 19*52*, to *10/8/52*, 19*52* that I last saw the
deceased alive on *10/8/52*, and that death occurred at *5:00* m., from the causes and on the date stated above.

23A. SIGNATURE

J. L. Dunn, M.D.

23B. ADDRESS

522 N. Arlington Ave

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10/12/1952

24C. NAME OF CEMETERY OR CREMATORY

W. A. Cutham Cem. Balto.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Kate B. Williams, Schrock St

28

52 9303

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9303
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lewin Walley

2. DATE
OF
DEATH

Oct. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May, 1952, to Oct 7, 1952, that I last saw the deceased alive on Oct 4, 1952, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9304
Registered No.

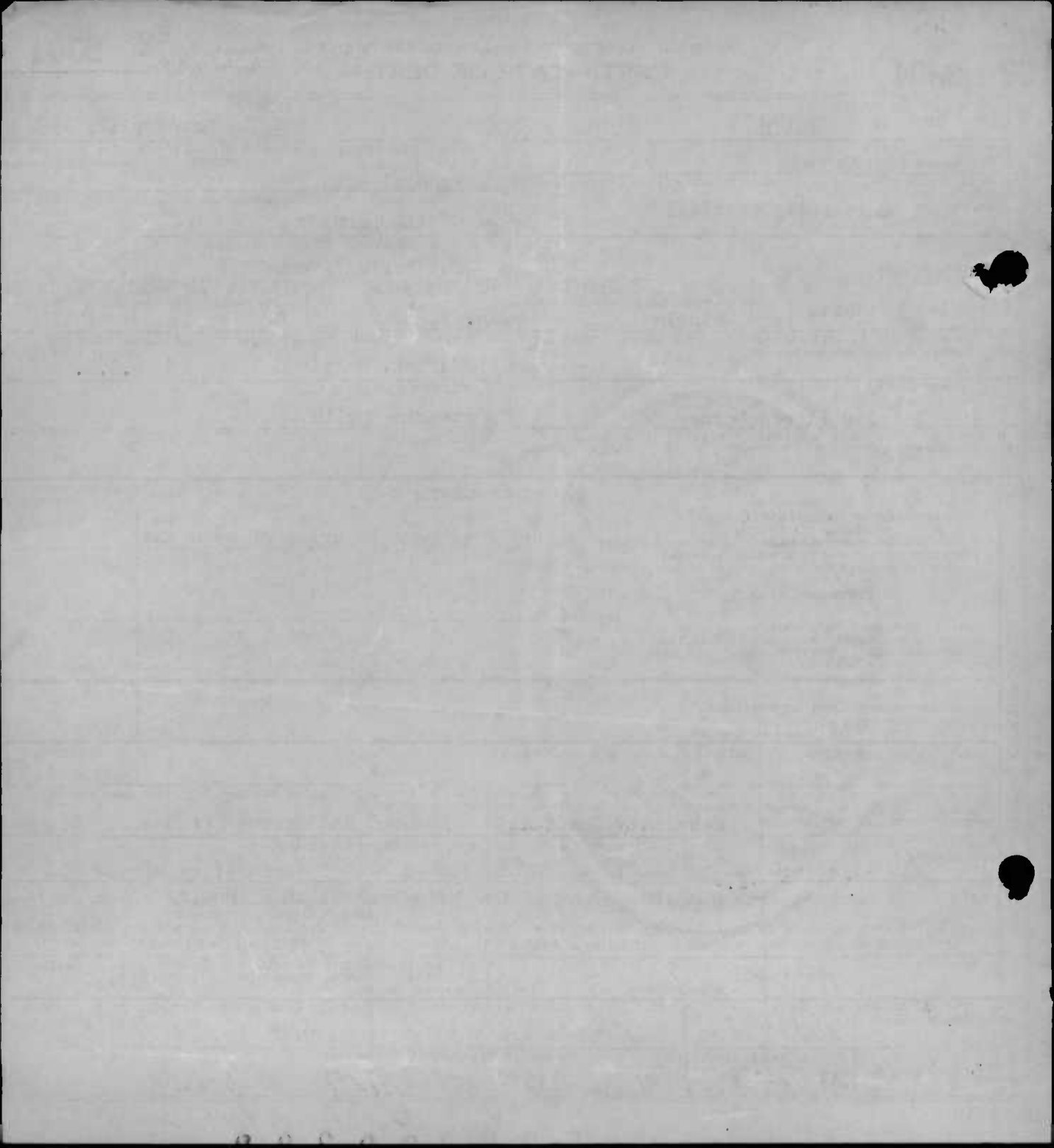
BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDITH		2. DATE OF DEATH October 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Pennsylvania B. COUNTY N-35	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gettysburg	
5. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) 209 Spring Avenue	
6. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 2, 1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 60 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Frederick, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles Alfred Dorsey		14. MOTHER'S MAIDEN NAME Catherine Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. E 9778 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple extreme injuries of head and body	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) Multiple extreme injuries of head and body	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., io, or about home, farm, factory, street, office bldg., etc.) University Hospital	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Redwood and Greene Streets
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 10/11/52 5:00 a. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? jumped out of tenth story window
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE B. Fisher	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED 10/11/52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 10/14/52	24C. NAME OF CEMETERY OR CREMATORY Shurnont	24D. LOCATION (City, town, or county) (State) Shurnont Md
DATE RECEIVED BY LOCAL REGISTRAR OCT 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John Milton Bender	ADDRESS Gittysburg Penna



52 320
9305

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9305

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ada Della Maddox</i>			2. DATE OF DEATH <i>10-11-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>N.C.</i> B. COUNTY <i>V-30</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>U.S. Public Health Service Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Elizabeth City Rural</i>		
D. STREET ADDRESS (If rural, give location) <i>Route 3</i>					
5. SEX <i>F</i>			6. COLOR OR RACE <i>W</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>			8. DATE OF BIRTH <i>1-23-95</i>		
9. AGE (in years last birthday) <i>57</i>			10. CITIZEN OF WHAT COUNTRY? <i>US</i>		
11. BIRTHPLACE (State or foreign country) <i>N.C.</i>			12. CITIZEN OF WHAT COUNTRY? <i>US</i>		
13. FATHER'S NAME <i>Lewis Mayo</i>			14. MOTHER'S MAIDEN NAME <i>Mary T. Hodges</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Hosp Chart</i>			ADDRESS		

18. <i>171X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Adeno Carcinoma of Cervix</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on *10-11*, 19*52*, and that death occurred at *5:45 pm.*, from the causes and on the date stated above.

23A. SIGNATURE *Roger L Black* M.D. 23B. ADDRESS *USPHS Hosp Balto.* 23C. DATE SIGNED *10-12-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>10/12/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Elizabeth City North Carolina</i>		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 13 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>William J. Zickner & Sons</i>		ADDRESS <i>North & Penna Aves</i>	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9306
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Grace M. Ostrovit Osten</i>		2. DATE OF DEATH <i>Oct 10 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>3115 Woodring Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 27-05</i>	
D. STREET ADDRESS (If rural, give location) <i>3115 Woodring Ave</i>			
5. SEX <i>Female</i> 6. COLOR OR RACE <i>White</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>Dec 25 1898</i> 9. AGE (In years last birthday) <i>53</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Antledge Sewing Co</i>		11. BIRTHPLACE (State or foreign country) <i>Salisbury Md</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>Seamstress</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Woodall</i>		14. MOTHER'S MAIDEN NAME _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>217-63-7964</i>	
17. INFORMANT <i>Mr Daniel P. Austin</i>		ADDRESS <i>3115 Woodring Ave</i>	

CAUSE OF DEATH

18. <i>443X and 322.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Pulmonary edema</i> DUE TO _____	INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Cerebral hemorrhage</i> DUE TO _____	<i>4 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) <i>Hypertensive cardio-vascular disease</i> DUE TO _____	
		<i>Chronic alcoholism</i>

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from *Sept 19, 1952* to *Oct 10, 1952*, that I last saw the deceased alive on *Oct 10, 1952*, and that death occurred at *10:15 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS <i>6801 Belair Rd.</i>	23C. DATE SIGNED <i>11 Oct 52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10/14/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Olivet Cem</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 13 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Lassahn Funeral Home</i>	ADDRESS <i>7401 Belair Rd</i>
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STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of justice of the peace		12. Signature of health officer	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
33. Signature of burial		34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
41. Signature of burial		42. Signature of burial		43. Signature of burial		44. Signature of burial	
45. Signature of burial		46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial		52. Signature of burial	
53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

662

52 9307

BIRTH NO.

MLB. 163910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9307

1. NAME OF DECEASED (Type or Print) Burhorst, Henry		2. DATE OF DEATH Oct. 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 31 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 4703 Hazelwood Ave.		9. AGE (In years last birthday) 72 yrs. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 5, 1880	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance man		11. BIRTHPLACE (State or foreign country) Maryland	
10B. KIND OF BUSINESS OR INDUSTRY Continental Can Co		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Bernard Burhorst		14. MOTHER'S MAIDEN NAME Elizabeth Margrett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 215-01-7658	
17. INFORMATION Baltimore City Hospitals		ADDRESS 4940 Eastern Ave.	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Heart Disease DUE TO Terminal Pneumonia DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH ?	
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-8 , 19 52 to 10-11 , 19 52 , that I last saw the deceased alive on 10-11 , 19 52 , and that death occurred at 1:30 A.M. from the causes and on the date stated above.			
23A. SIGNATURE H. J. Johnson		23B. ADDRESS 4940 Eastern Ave. Baltimore Md.	
23C. DATE SIGNED 10-11-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/14/52	
24C. NAME OF CEMETERY OR CREMATORY Morland Memorial Park		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR 10/13/52		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Lassahn Funeral Home		ADDRESS 7401 Belair Rd	

554-30 9302

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 101

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

100
52 9308
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9308

1. NAME OF DECEASED
(Type or Print)

Arthur Hebb Jr.

2. DATE OF DEATH

Oct. 10/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Md

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cockeysville 5300

D. STREET ADDRESS (If rural, give location)

Glen Arm Road

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Johns Hopkins

8. DATE OF BIRTH

3/1/08

9. AGE (In years last birthday)

44

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Civil engineer

10B. KIND OF BUSINESS OR INDUSTRY

Johns Hopkins

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Arthur Hebb Hospital

14. MOTHER'S MAIDEN NAME

Jeanette Parrish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
215-05-8012

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 330X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

subarachnoid

DUE TO

hemorrhage

10

hours.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10/10/1952, to 10/10/1952, that I last saw the deceased alive on 10/10/1952 and that death occurred at 12:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Miller

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-10-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

10/13/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD. Henry Sander & Sons

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DECEASED

DATE OF DEATH

AGE

SEX

RACE

EDUCATION

DATE OF BIRTH

PLACE OF BIRTH

DECEASED BY
CAUSE OF DEATH
MANNER OF DEATH
PLACE OF DEATH
DATE OF DEATH

DECEASED BY

CAUSE OF DEATH
MANNER OF DEATH
PLACE OF DEATH
DATE OF DEATH

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CAUSE OF DEATH
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CAUSE OF DEATH
MANNER OF DEATH
PLACE OF DEATH
DATE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **52** **9309**

BIRTH NO. **315**

1. NAME OF DECEASED (Type or Print) WILLIAM STEFFEN		2. DATE OF DEATH October 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1739 E. 25th Street		5. AGE (In years last birthday) 66	
Length of stay in Baltimore 20 yrs		8. DATE OF BIRTH July 14, 1886	
SEX Male	6. COLOR OR RACE White	9. AGE (In years last birthday) 66	10. BIRTHPLACE (State or foreign country) USA
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower	11. BIRTHPLACE (State or foreign country) USA	12. CITIZEN OF WHAT COUNTRY? USA
10B. KIND OF BUSINESS OR INDUSTRY Hires Root Beer Mfg. Harrisburg, Pa.	13. FATHER'S NAME ? Steffen	14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. George M. Miller	

18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of pelvis MOX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Thrombophlebitis right iliac vein MOX		
Pulmonary embolus (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Oct. 4, 1952	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Ashland Avenue and Aisquith Street
21D. TIME (Month) (Day) (Year) (Hour) Oct. 4, 1952 6:40 P.M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Steffen</i>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Oct. 10, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 10/14/52	24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Cemetery Baltimore, Md.
24D. LOCATION (City, town, or county) (State)	24E. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD.	

DATE RECEIVED BY LOCAL REGISTRAR **OCT 13 1952** REGISTRAR'S SIGNATURE *George F. Sander* ADDRESS **BALTO., 13, MD.**

VS 151 N-808.20 763 46

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52 9310

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9310

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH THOMAS KEARNEY

2. DATE
OF
DEATH

Oct. 9, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write BURIAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1706 N. Broadway

1706 N. Broadway

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

January 8, 1895 57

9. AGE (In years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Claims Adjuster

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Francis Kearney

14. MOTHER'S MAIDEN NAME

Marcella Cain

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

WWI

16. SOCIAL
SECURITY NO.17. INFORMANT 1706 N. Broadway
Miss Rosemary Kearney

18.

416 x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral embolism

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Rheumatic heart disease

20 yr.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 29, 1950, to Oct. 9, 1952, that I last saw the
deceased alive on Oct. 9, 1952, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Adam Julius

M. D.

23B. ADDRESS

6232 Belair Road

23C. DATE SIGNED

Oct. 10, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

10/13/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTIMORE 13 Long F. Leude

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UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

0100

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[Faint, mostly illegible text covering the main body of the document, possibly a letter or report.]



100

145
9311BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9311

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Caplan, Paul</i>		2. DATE OF DEATH <i>Oct. 11, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> . COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>42 Sinai Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-38</i>	
Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>3400 Powhatan ave</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	B. DATE OF BIRTH <i>April 15 1892</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>60 yrs.</i>
13. FATHER'S NAME <i>David Caplan</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Hinda Isaacson</i>	
17. INFORMANT <i>Mary Caplan</i>		ADDRESS <i>3400 Powhatan ave</i>	
18. <i>451X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Dissecting aneurysm</i> DUE TO <i>of aorta, ruptured.</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct. 11</i> , 19 <i>52</i> , to <i>Oct. 4</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Oct. 11</i> , 19 <i>52</i> , and that death occurred at <i>1140</i> a.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Joseph Talar</i>		23B. ADDRESS <i>Sinai Hospital</i>	
23C. DATE SIGNED <i>Oct. 11, 52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>October 13/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Beth Hildelund</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 13 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
FUNERAL DIRECTOR <i>Sol. Lewinson & Bws.</i>		ADDRESS <i>North ave</i>	

145 2806A

1114

RECEIVED BY THE DIRECTOR
OF THE BUREAU OF THE
LAND OFFICE

1114

[Faint, illegible text, likely bleed-through from the reverse side of the page]

250
52 9312

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9312
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Albert Rosen</i>		2. DATE OF DEATH <i>Oct 11th 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>1625 East Pratt St</i>		C. CITY OR TOWN (If outside corporate limits, write JOURN and give township) <i>Baltimore 3-01</i>	
Length of stay in Baltimore <i>40</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1625 East Pratt St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>58</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Grocer</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Joseph</i>		14. MOTHER'S MAIDEN NAME <i>Sheila</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Ida Rosen</i>		ADDRESS <i>same</i>	

18. <i>157 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Pancreas</i> (A) DUE TO	CAUSE OF DEATH <i>Carcinoma of Pancreas</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
ANTECEDENT CAUSES (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct 8</i> , 19 <i>51</i> , to <i>Oct 11</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Oct 10</i> , 19 <i>52</i> , and that death occurred at <i>5:45 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Myron L. Solomon</i>		23B. ADDRESS <i>129 S. Broadway</i>		23C. DATE SIGNED <i>10/11/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-13-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Carmel</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 13 1952</i>			
24F. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		24G. FUNERAL DIRECTOR <i>Jack Lewis</i>		24H. ADDRESS <i>2100 Canton Pl</i>	

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STATE OF TEXAS
COUNTY OF DALLAS
CITY OF DALLAS

1902

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651
52 9313BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9313
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WOLF CORNBLOTT		2. DATE OF DEATH 10/10/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 42 SINAI HOSP. OF BALT.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 15-10	
D. STREET ADDRESS (If rural, give location) 4007 Dorchester Rd.		Yrs. Mos. Days	
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH	
9. AGE (In years last birthday) 82		10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Gen. Merchant	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? U.S. 9	
13. FATHER'S NAME Not Known		14. MOTHER'S MAIDEN NAME Not Known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Edmund Cornblatt - 5103 Sunset Rd		ADDRESS	

18. 153X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARCINOMA OF TRANSVERSE COLON DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	CAUSE OF DEATH CARCINOMA OF TRANSVERSE COLON	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. AURICULAR FIBRILLATION		

19A. DATE OF OPERATION 8/8/52 8/26/52 9/6/52	19B. MAJOR FINDINGS OF OPERATION CARCINOMA OF TRANSVERSE COLON. 9/6/52 → PELVIC ABCESS	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-1-1952** to **10-10-1952**, that I last saw the deceased alive on **10/10/1952**, and that death occurred at **8:05 AM.**, from the causes and on the date stated above.

23A. SIGNATURE Harley M. Silverberg	23B. ADDRESS Sinai Hosp of Baltimore	23C. DATE SIGNED 10/10/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	24B. DATE 10/13/1952	24C. NAME OF CEMETERY OR CREMATORY Beth Eliah	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR OCT 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutaw Pl.	ADDRESS

1958

62

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1958

1958



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525
52 9314BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 52 9314

BIRTH NO.

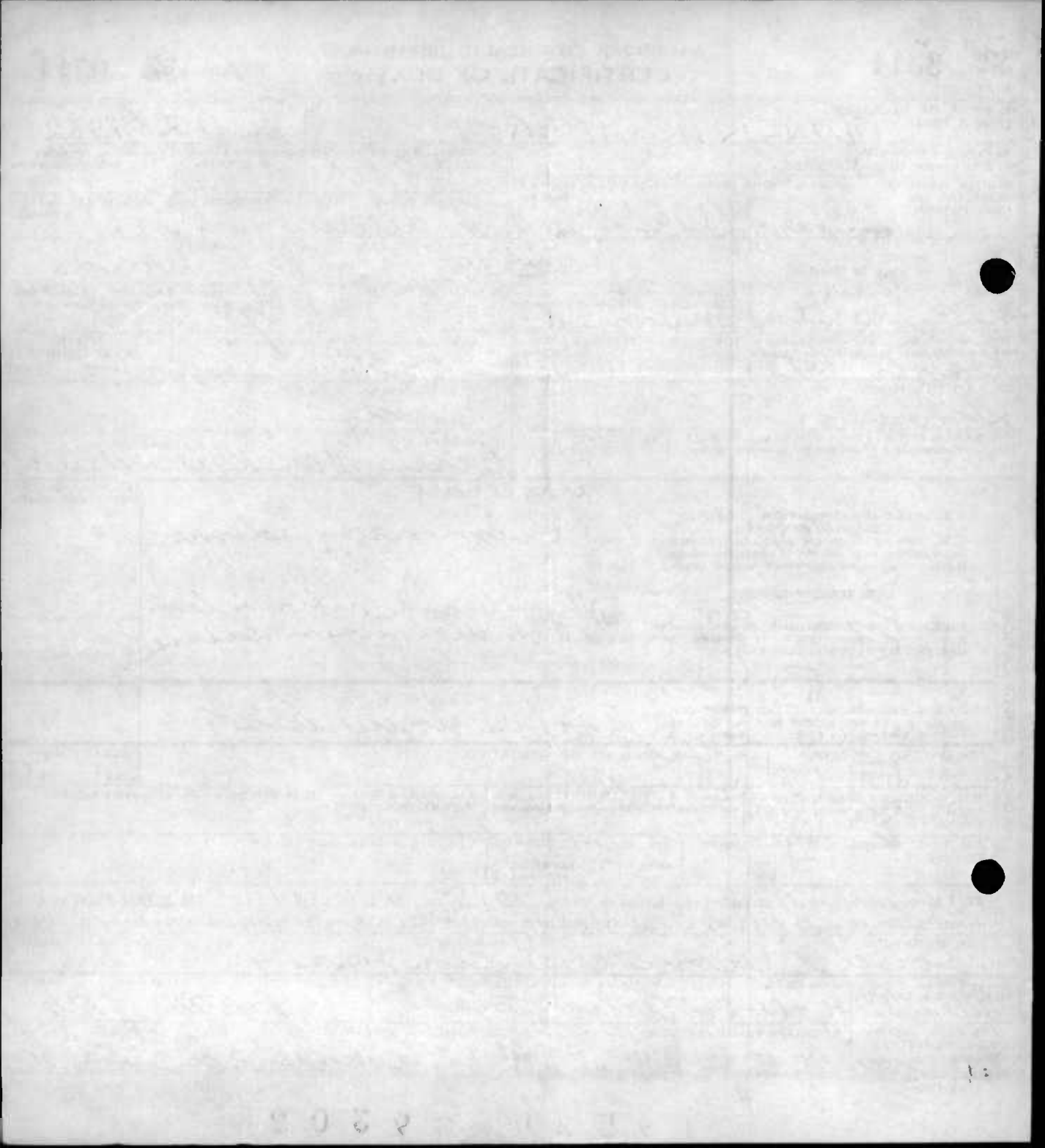
1. NAME OF DECEASED (Type or Print) MANEKIN, HARRY		2. DATE OF DEATH 11 Oct. 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital of Baltimore, Inc.		C. CITY OR TOWN (If outside corporate limits, write R.R. No. and give township) Baltimore 1511	
6. LENGTH OF STAY IN BALTIMORE 42 Yrs. 60 Mos. Days		D. STREET ADDRESS (If rural, give location) 3502 Copley Road	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH 7-3
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate		12. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Solomon Broken		14. BIRTHPLACE (State or foreign country) Lith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. MOTHER'S MAIDEN NAME Fannie		18. INFORMANT Clara Manekie - same	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary edema DUE TO (A) Pulmonary edema (B) Hypertensive arteriosclerotic cardiovascular disease DUE TO (C) Aortic aneurysm	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/8 , 19 52 to 10/11 , 19 52 that I last saw the deceased alive on 10/11 , 19 52 and that death occurred at 6:05 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Lorac W. Wornston		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 11 Oct 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-13-52		24C. NAME OF CEMETERY OR CREMATORY Arlington	
24D. LOCATION (City, town, or county) (State) Balto MD		25. FUNERAL DIRECTOR Jack Lewandowski			
DATE RECEIVED BY LOCAL REGISTRAR OCT 13 1952		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 2100 Eutan Rd	

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552
52 9315
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9315

1. NAME OF DECEASED (Type or Print) HARRIS KAMINKOW		2. DATE OF DEATH 10-12-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 44 Doctors Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-03	
D. STREET ADDRESS (If rural, give location) 48 Yrs. 2308 East Farmout Ave Moor Day		E. DATE OF BIRTH	
F. SEX Male		G. AGE (in years last birthday) 74	
H. COLOR OR RACE White		I. Under 1 Year Months: Days	
J. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		K. Under 24 Hours Hours: Min.	
L. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shoe maker		M. KIND OF BUSINESS OR INDUSTRY	
N. FATHER'S NAME Joseph		O. BIRTH PLACE (State or foreign country) Poland	
P. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		Q. CITIZEN OF WHAT COUNTRY? U.S.A.	
R. SOCIAL SECURITY NO.		S. MOTHER'S MAIDEN NAME Sarah	
T. INFORMANT Hinda Kaminkow		U. ADDRESS Jane	

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Cerebro-vascular Hemorrhage		2 days	
(B) DUE TO		Arteriosclerotic Cardio-vascular Disease with Hypertension		?	
(C) DUE TO					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Broncho-pneumonia	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-10-52 to 10-12-52 , that I last saw the deceased alive on 10-11-52 , and that death occurred at 5-11 PM , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Swoman		23B. ADDRESS 1109 N. Calvert St		23C. DATE SIGNED 10-12-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 10-13-52		24C. NAME OF CEMETERY OR CREMATORY Aereng Run	
24D. LOCATION (City, town, or county) Balto, Md		24E. FUNERAL DIRECTOR Jack Lewis		24F. ADDRESS 2100 Easton Pl	
DATE RECEIVED BY LOCAL REGISTRAR SEP 13 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	

1952 SEP 9 310

Businessman

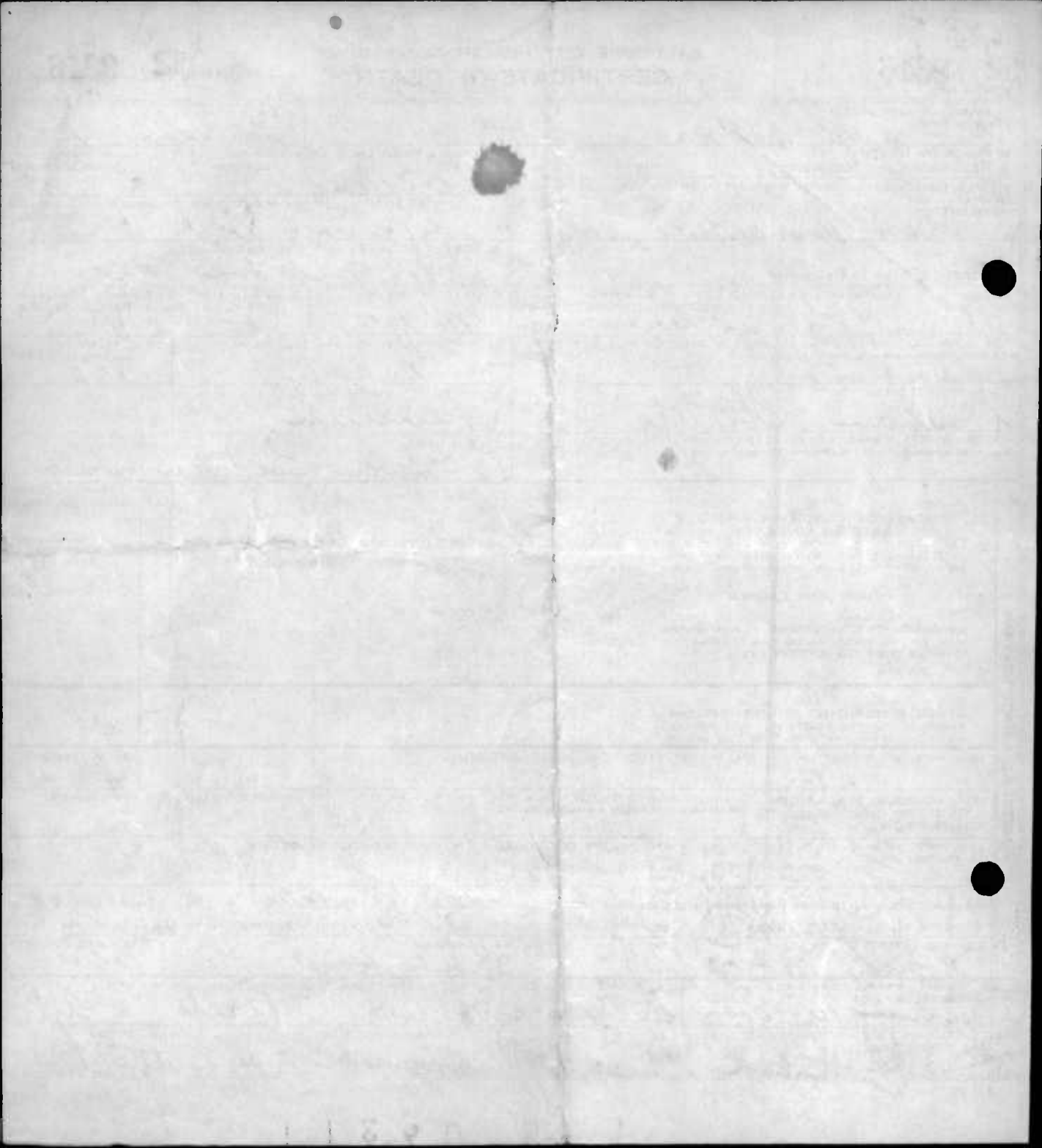
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Funeral Home	
16. Signature of Cemetery		17. Signature of Burial Site		18. Signature of Burial Site	
19. Signature of Burial Site		20. Signature of Burial Site		21. Signature of Burial Site	
22. Signature of Burial Site		23. Signature of Burial Site		24. Signature of Burial Site	
25. Signature of Burial Site		26. Signature of Burial Site		27. Signature of Burial Site	
28. Signature of Burial Site		29. Signature of Burial Site		30. Signature of Burial Site	
31. Signature of Burial Site		32. Signature of Burial Site		33. Signature of Burial Site	
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37. Signature of Burial Site		38. Signature of Burial Site		39. Signature of Burial Site	
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43. Signature of Burial Site		44. Signature of Burial Site		45. Signature of Burial Site	
46. Signature of Burial Site		47. Signature of Burial Site		48. Signature of Burial Site	
49. Signature of Burial Site		50. Signature of Burial Site		51. Signature of Burial Site	
52. Signature of Burial Site		53. Signature of Burial Site		54. Signature of Burial Site	
55. Signature of Burial Site		56. Signature of Burial Site		57. Signature of Burial Site	
58. Signature of Burial Site		59. Signature of Burial Site		60. Signature of Burial Site	
61. Signature of Burial Site		62. Signature of Burial Site		63. Signature of Burial Site	
64. Signature of Burial Site		65. Signature of Burial Site		66. Signature of Burial Site	
67. Signature of Burial Site		68. Signature of Burial Site		69. Signature of Burial Site	
70. Signature of Burial Site		71. Signature of Burial Site		72. Signature of Burial Site	
73. Signature of Burial Site		74. Signature of Burial Site		75. Signature of Burial Site	
76. Signature of Burial Site		77. Signature of Burial Site		78. Signature of Burial Site	
79. Signature of Burial Site		80. Signature of Burial Site		81. Signature of Burial Site	
82. Signature of Burial Site		83. Signature of Burial Site		84. Signature of Burial Site	
85. Signature of Burial Site		86. Signature of Burial Site		87. Signature of Burial Site	
88. Signature of Burial Site		89. Signature of Burial Site		90. Signature of Burial Site	
91. Signature of Burial Site		92. Signature of Burial Site		93. Signature of Burial Site	
94. Signature of Burial Site		95. Signature of Burial Site		96. Signature of Burial Site	
97. Signature of Burial Site		98. Signature of Burial Site		99. Signature of Burial Site	
100. Signature of Burial Site		101. Signature of Burial Site		102. Signature of Burial Site	

435
52 9316
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9316

1. NAME OF DECEASED (Type or Print) <i>RITA Goldman</i>		2. DATE OF DEATH <i>10/10/52</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>27-20</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>112 Sinai Hosp. of Balto., Inc.</i> Yrs. <i>length of stay in Baltimore</i> Mos. <i>15</i> Days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> d. STREET ADDRESS (If rural, give location) <i>3812 Ford's Lane</i>	
6. SEX <i>F</i>	6. COLOR OR RACE <i>wh</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>7/6/187</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>65</i> Months <i>3</i> Days <i>4</i>
11. BIRTHPLACE (State or foreign country) <i>U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Abraham Strauss</i>		14. MOTHER'S MAIDEN NAME <i>Hannah</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>E. Edwin Goldman - name</i>		ADDRESS	
18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>204.4 Myocardial Infarction</i> DUE TO II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Leukemia</i> DUE TO III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. HOW DID INJURY OCCUR?	
21e. TIME (Month) (Day) (Year) (Hour) OF INJURY		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <i>10/10/52</i> , to <i>10/10/52</i> , 19__, that I last saw the deceased alive on <i>10/10/52</i> , 19__ and that death occurred at <i>8:30 P.</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Jack Fine</i>		23b. ADDRESS <i>Sinai Hosp.</i>	
23c. DATE SIGNED <i>10/10/52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>10-13-52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Baltimore Hebrew</i>		24d. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>2100 Eutaw Rd</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9317
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN SCHUCHHARDT

2. DATE
OF
DEATH

October 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1445 Montpelier Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1445 Montpelier Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 18, 1876

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Can Company

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Schuchhardt

14. MOTHER'S MAIDEN NAME

Lisette Rigdon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-05-5514

17. INFORMANT

ADDRESS

William E. MacKenzie, 1454 Montpelier St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Arteriosclerotic Cardio-Vascular Disease

Senility

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1949, to Oct. 1952, that I last saw the
deceased alive on Oct. 6, 1952, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

10/13/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 13 1952

Huntington Williams, M.D.

Wm. Cook & Co.,

1217 St. Paul Street

CERTIFICATE OF DEATH

RETURNED TO SENDER BY AIRMAIL

1912

1912

NAME OF DECEASED
AGE
SEX
DATE OF BIRTH
PLACE OF BIRTH
OCCUPATION
CAUSE OF DEATH
DATE OF DEATH
PLACE OF DEATH
SIGNATURE OF DECEASED
SIGNATURE OF WITNESSES
SIGNATURE OF MINISTER OF THE GOSPEL
SIGNATURE OF REGISTRAR

1912

361
52 9318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9318
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		CAROLINE DOROTHEA RIETDORF		October 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION 00 718 McCabe Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 718 McCabe Avenue			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 19, 1883	9. AGE (in years last birthday) 69	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George F. Nichols		14. MOTHER'S MAIDEN NAME Anna Wiedemeyer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS John A. Rietdorf, 718 McCabe Avenue	

18. 443 x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Hypertensive Cardio-Vascular disease DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 8, 1952 to Oct 9, 1952, that I last saw the deceased alive on Oct 8, 1952 and that death occurred at 8:15 P. M., from the causes and on the date stated above.					
23A. SIGNATURE Anthony F. Carozzi		23B. ADDRESS 5217 YORK Rd		23C. DATE SIGNED 10-10-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 10/13/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) Baltimore,		24E. STATE Maryland		24F. FUNERAL DIRECTOR ADDRESS Arm. Cook, Inc., 1217 St. Paul Street	
OATE RECEIVED BY LOCAL REGISTRAR OCT 13 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Arm. Cook, Inc., 1217 St. Paul Street	

52 9318

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED JAMES J. HENRY		AGE 45		SEX Male		RACE White	
DATE OF DEATH JAN 10 1900		PLACE OF DEATH New York City		CITY New York		COUNTY New York	
OCCUPATION Clerk		MARITAL STATUS Married		EDUCATION High School		RELIGION Roman Catholic	
CAUSE OF DEATH Heart Disease		MANNER OF DEATH Natural		MEDICAL ATTENDANT Dr. J. J. Smith		HOSPITAL St. Vincent's	
SIGNATURE OF DECEASED		SIGNATURE OF NEXT OF KIN		SIGNATURE OF MEDICAL ATTENDANT		SIGNATURE OF REGISTRAR	
DATE OF REGISTRATION		PLACE OF REGISTRATION		CITY		COUNTY	

520
52 9319BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9319
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas, James P.

2. DATE
OF
DEATH

10/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

38 University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore

18-01

D. STREET ADDRESS (If rural, give location)

868 W. Baltimore St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 10, 1866

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Coal Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A. ✓

13. FATHER'S NAME

Sterling Thomas

14. MOTHER'S MAIDEN NAME

Frances J. Davidson ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

J.B. Store, 715 So. Paul Street

18. 561.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Incarcerated Inguinal Hernia

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/4/52

19B. MAJOR FINDINGS OF OPERATION

Incarcerated Hernia

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/24, 1952 to 10/10, 1952 that I last saw the
deceased alive on 10/10, 1952, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

L.W. Elkins, Jr.

M. O.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10/10/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/13/52

24C. NAME OF CEMETERY OR CREMATORY

McKendree Cemetery

24D. LOCATION (City, town, or county)

Howard County, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul St.

CERTIFICATE OF DEATH

STATE OF NEW YORK

1910

1910

1. Name of deceased: _____
 2. Sex: _____
 3. Age: _____
 4. Date of death: _____
 5. Place of death: _____
 6. Cause of death: _____
 7. Signature of physician: _____
 8. Signature of registrar: _____
 9. Signature of informant: _____
 10. Signature of witness: _____

11. Name of informant: _____
 12. Address of informant: _____
 13. Signature of informant: _____
 14. Signature of witness: _____
 15. Signature of registrar: _____

16. Name of registrar: _____
 17. Address of registrar: _____
 18. Signature of registrar: _____
 19. Signature of witness: _____
 20. Signature of informant: _____

21. Name of informant: _____
 22. Address of informant: _____
 23. Signature of informant: _____
 24. Signature of witness: _____
 25. Signature of registrar: _____

26. Name of informant: _____
 27. Address of informant: _____
 28. Signature of informant: _____
 29. Signature of witness: _____
 30. Signature of registrar: _____

31. Name of informant: _____
 32. Address of informant: _____
 33. Signature of informant: _____
 34. Signature of witness: _____
 35. Signature of registrar: _____

36. Name of informant: _____
 37. Address of informant: _____
 38. Signature of informant: _____
 39. Signature of witness: _____
 40. Signature of registrar: _____

41. Name of informant: _____
 42. Address of informant: _____
 43. Signature of informant: _____
 44. Signature of witness: _____
 45. Signature of registrar: _____

46. Name of informant: _____
 47. Address of informant: _____
 48. Signature of informant: _____
 49. Signature of witness: _____
 50. Signature of registrar: _____

51. Name of informant: _____
 52. Address of informant: _____
 53. Signature of informant: _____
 54. Signature of witness: _____
 55. Signature of registrar: _____

56. Name of informant: _____
 57. Address of informant: _____
 58. Signature of informant: _____
 59. Signature of witness: _____
 60. Signature of registrar: _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9320

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Length of stay in Baltimore

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 170 x 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Carcinoma of breast
DUE TO metastasis.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-10, 1952 to 10-10, 1952 that I last saw the deceased alive on 10-10, 1932 and that death occurred at 9:30 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

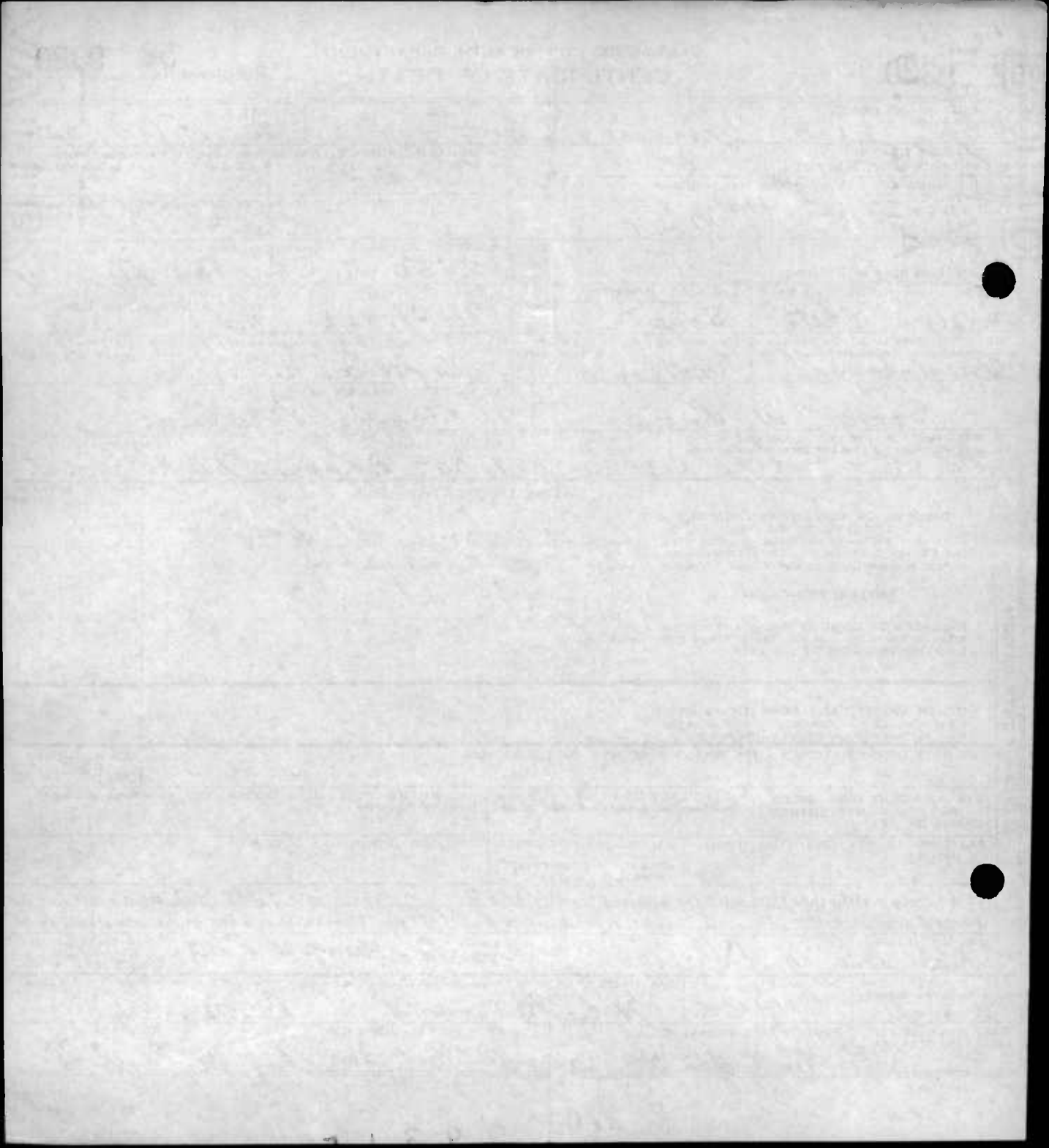
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9321**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK B. RUCK

2. DATE
OF
DEATH

Oct. 10, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
a. STATE **Maryland** b. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

300 3036 Oakford Avenue

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-16

d. STREET ADDRESS (If rural, give location)

3036 Oakford Avenue

length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Oct. 12, 1881

9. AGE (In years last birthday)

70

10. Under 1 Year Months Days
11. Under 24 Hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Shipping

10b. KIND OF BUSINESS OR INDUSTRY
Clerk OFFICE FURNITURE (M)

11. BIRTHPLACE (State or foreign country)
Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Michael Ruck

14. MOTHER'S MAIDEN NAME

Mary Reudel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Anna M. Ruck, 3036 Oakford Av

18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic Heart Disease**

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

R S Fisher

23b. CHIEF MEDICAL EXAMINER ☒ 23c. DATE SIGNED **10/11/52**
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE

10/14/52

24c. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem

24d. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road

most mfr to the books
Sincerely,

163
52 9322BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9322

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LUTHER RIGBY HUBBARD		2. DATE OF DEATH OCT. 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP.		C. CITY OR TOWN (If outside corporate limits, write full name and give township) BALTIMORE 27-01	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3200 TYNDAL AVE (14)	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	B. DATE OF BIRTH 11-21-90
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICAL INSPECT.		10B. KIND OF BUSINESS OR INDUSTRY CITY OF BALTIMORE	9. AGE (In years, last birthday) 61
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME BAINES HUBBARD		14. MOTHER'S MAIDEN NAME MARY VIRGINIA BELL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Sarah M. Hubbard, 3200 Tyndale		ADDRESS	

18. **4700 I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Coronary occlusion**
DUE TO**1 day**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **arteriosclerotic heart disease**
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 21 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **10-10**, 19**52**, to **10-11**, 19**52**, that I last saw the deceased alive on **10-11**, 19**52** and that death occurred at **3:05 P** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**10/14/52****Parkwood Cem.****baltimore, Maryland**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

10/13/52**Huntington Williams, M.D.****Leonard J. Ruck****5305 Harford Road**

219 830 9317

620
52 9323BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9323

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Theresa Cecelia Harris

2. DATE
OF
DEATH

10/12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

37 Mercy Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Balto

27-48

D. STREET ADDRESS (If rural, give location)

5506 Ready Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

Yrs.
Mos.
Days

8. DATE OF BIRTH

4/15/88

9. AGE (In years
last birthday)

64

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

Michael J. Mc Cluskey

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. T. LeRoy Harris, 409 Brook Ave.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial infarction and
cerebral embolism

13 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio sclerotic heart disease

not known

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29/12/50 to 10/1/52, 1952, that I last saw the
deceased alive on 10/1/52, 1952, and that death occurred at 3:00 PM., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

10/15/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 13 1952

Huntington Williams, M.D.

Edward J. Ruek, 5305 Harford Road.

1510

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF

2

MEMORANDUM FOR THE CHIEF OF STAFF

SUBJECT: [Illegible]

DATE: [Illegible]

BY: [Illegible]

FOR THE CHIEF OF STAFF

10/10/50

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

10/10/50

NEW YORK, N.Y.

10/10/50

1

MADER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9324
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Conrad Mader</i>			2. DATE OF DEATH <i>October 9, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <i>33 JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-11</i>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>821 S. Bouldin St.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>8-20-1874</i>	9. AGE (In years last birthday) <i>78</i>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret. WATCHMAN</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>R.R.</i>		
11. BIRTHPLACE (State or foreign country) <i>Maryland BALTO</i>			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME <i>John Mader</i>			14. MOTHER'S MAIDEN NAME <i>Margaret</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS _____		

18. <i>181X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Heart failure</i> DUE TO _____	INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Carcinoma of Bladder</i> DUE TO _____	_____
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) <i>with generalized metastasis</i> DUE TO _____	_____

19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____			

22. I hereby certify that I attended the deceased from *9-15*, 1952, to *10-9*, 1952, that I last saw the deceased alive on *10-9*, 1952, and that death occurred at *9:50* a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>J. Sandoral</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED _____
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10/13/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>OAKLAWN Cem</i>	24D. LOCATION (City, town, or county) (State) <i>BALTO Md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 13 1952</i>	REGISTRAR'S SIGNATURE <i>L. J. Ruck</i>	25. FUNERAL DIRECTOR <i>5305 HARTFORD Rd</i>
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350
9325

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9325

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALICE P. STONE Or A. Pearl Stone			2. DATE OF DEATH Oct. 12, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5403 Fair Oaks Avenue			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 5403 Fair Oaks Avenue		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 27, 1896		9. AGE (In years last birthday) 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			11. BIRTHPLACE (State or foreign country) St. Mary's Co Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Eugene Graves			14. MOTHER'S MAIDEN NAME Jone		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Joseph P. Stone, 5403 Fair Oaks		

18. 156.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Liver (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 8 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 10-11-52	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Liver	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
10. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-1**, 19**52**, to **10-12**, 19**52**, that I last saw the deceased alive on **10-11**, 19**52**, and that death occurred at **3 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. Edmund Levin	23b. ADDRESS 3400 Hilton Rd., Baltimore, Md.	23c. DATE SIGNED 10/12/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/15/52	24c. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
24d. LOCATION (City, town, or county) (State) Baltimore, Maryland		

DATE RECEIVED BY LOCAL REGISTRAR OCT 13 1952	REGISTRAR'S SIGNATURE H. J. Ruck	25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.
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9325

400
52 9326

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9326

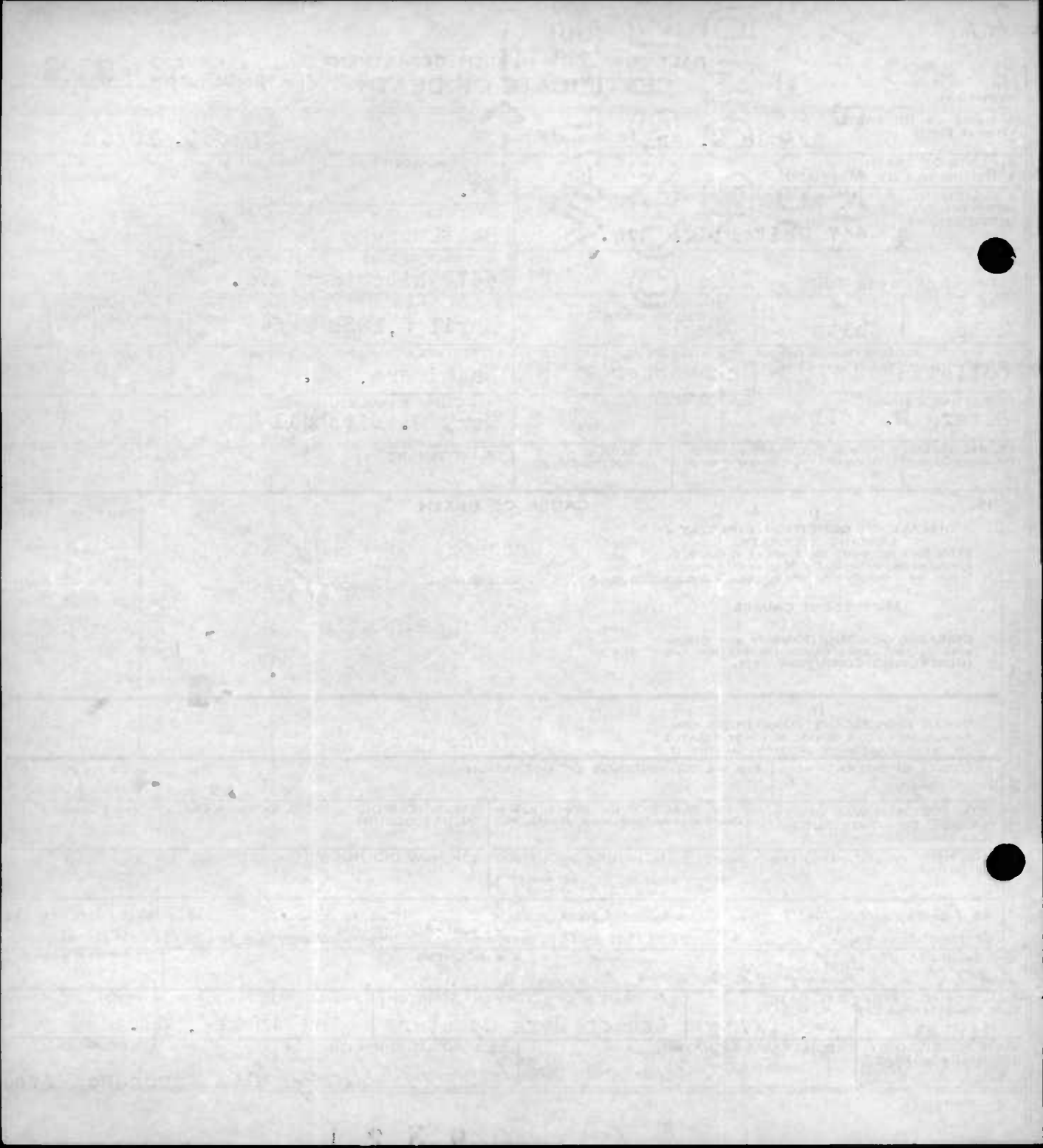
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Arnold E. Tull		2. DATE OF DEATH Oct. 10/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 447 Whiteridge Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 447 Whiteridge Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 5, 1888
9. AGE (In years, at birthday) 64		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Optician		10B. KIND OF BUSINESS OR INDUSTRY Schumacher & Foreman OPTICIANS	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Edward W. Tull		14. MOTHER'S MAIDEN NAME Mary E. Mitchell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion (A) DUE TO Arteriosclerosis (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH immediate unknown unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT. Myocarditis	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/15 , 19 52 , to Oct. 10th , 19 52 , that I last saw the deceased alive on 10/8 , 19 52 , and that death occurred at 9:30A m., from the causes and on the date stated above.					
23A. SIGNATURE W. W. Murgatroy, M.D.		23B. ADDRESS 401 E. 25th. St. Balto. Md.		23C. DATE SIGNED 10/11/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 13/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Thurston Williams, 4101 Edmondson Ave.		ADDRESS 4101 Edmondson Ave.	

1952-56364-321



200
52 9327

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9327
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Anna Lewis</i>			2. DATE OF DEATH <i>Oct. 9 - 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>11-07</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Gettysburg Nursing Home</i> <i>3502 Repton Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>82 -</i>			D. STREET ADDRESS (If rural, give location) <i>1101 Poplar Grove St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Sept. 13 - 1870</i>		9. AGE (In years last birthday) <i>82</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Henry Wesel</i>			14. MOTHER'S MAIDEN NAME <i>Anna Hasper</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT ADDRESS <i>Mrs. Hannah Shoman - 1101 Poplar Grove St.</i>		

18. <i>592X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>1940</i> <i>1940</i>
	(A) <i>Chr. Myocarditis</i>	DUE TO	
	(B) <i>Chr. Interstitial Nephritis</i>	DUE TO	
(C) <i>—</i>	DUE TO		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

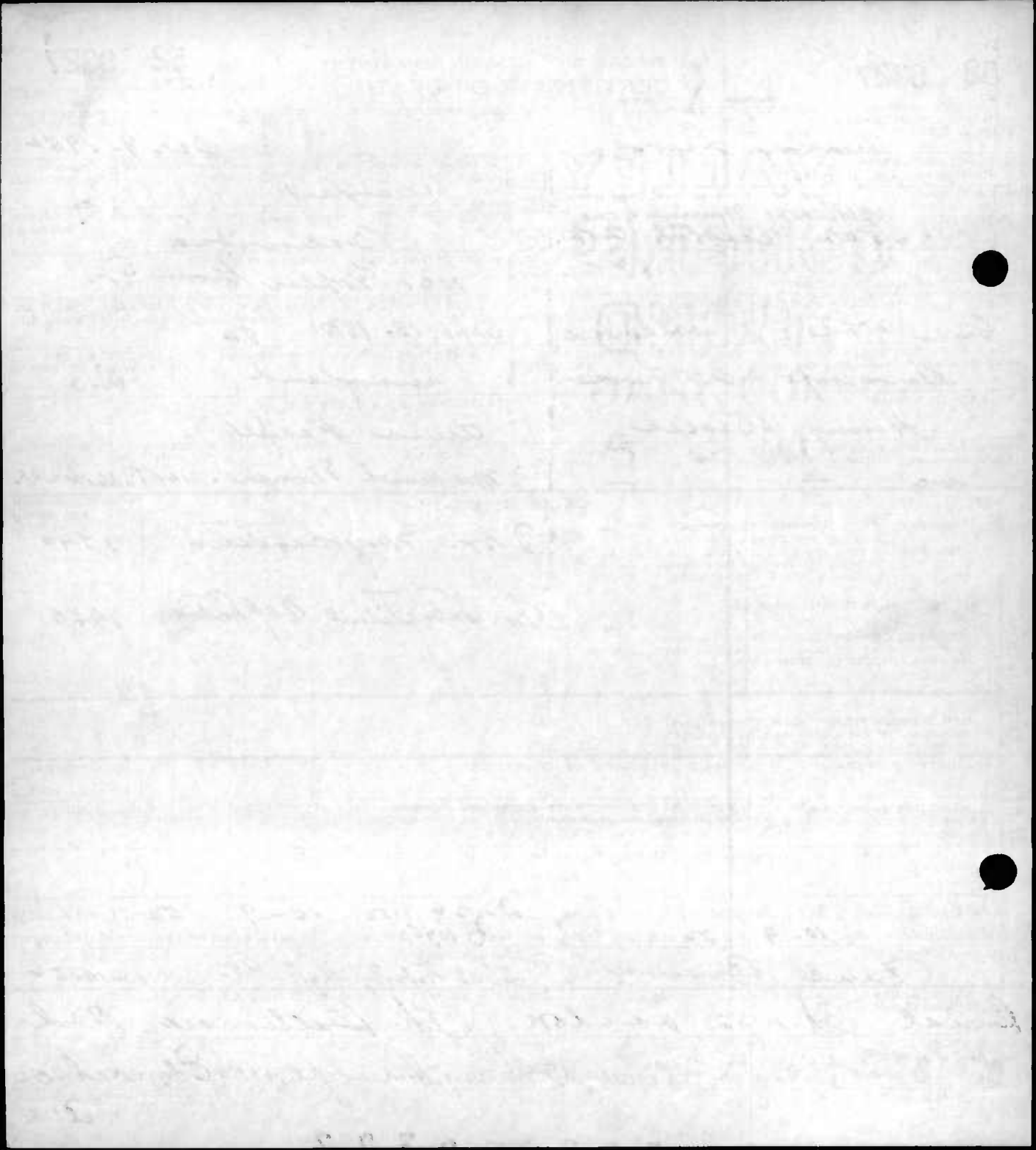
22. I hereby certify that I attended the deceased from *4-26, 1952* to *10-9, 1952* that I last saw the deceased alive on *10-9, 1952* and that death occurred at *10:45 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Paul Brown</i>	23B. ADDRESS <i>3602 Liberty Hgh. Cr.</i>	23C. DATE SIGNED <i>10-10-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct. 11/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Landon</i>	24D. LOCATION (City, town, or county) (State) <i>Ph. Baltimore. Md.</i>
--	--------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 13 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Harry A. Hutzke</i>	ADDRESS <i>4101 Edmondson Ave</i>
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MEDICAL CERTIFICATION



500

52 9328

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9328

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Gertrude Nine</i>		2. DATE OF DEATH <i>10/10/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>26-04</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>136 McPhail St.</i>		6. CITY OR TOWN (If outside corporate limits, with FULL and give township) <i>Baltimore</i>	
7. LENGTH OF STAY IN BALTIMORE <i>Life</i>		8. STREET ADDRESS (If rural, give location) <i>136 McPhail St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>11/7/1887</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years last birthday) <i>64</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John Schafer</i>		14. MOTHER'S MAIDEN NAME <i>Katie Eisenbach</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mr William H. Nine in McPhail</i>		ADDRESS <i>S.T.</i>	

18. *Arterio-sclerotic*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *ARTERIO-SCLEROTIC CARDIO*
DUE TO *UPPER CIRCULATORY DISEASE & CONGESTIVE HEART FAILURE*

(B) *PROBABLY ACUTE TUBERCULOSIS*
DUE TO *CACEXIA*

(C) *CACEXIA*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/6</i> , 19 <i>52</i> to <i>10/10</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>10/9</i> , 19 <i>52</i> , and that death occurred at <i>2A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John F. Cowan</i> M.D.		23B. ADDRESS <i>701 Chas. Brown St.</i>		23C. DATE SIGNED <i>10/11/52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/13/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Western Cem. Edmondson Longwood</i>		24D. LOCATION (City, town, or county) (State) <i>St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 13 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>John J. Cowan & Son</i>		ADDRESS <i>St. Hollins</i>	

MEDICAL CERTIFICATION

Correspondence in Document File

re this case

Dr. Silverman, Director,

Bureau of Tuberculosis contacted Dr. Shaw.

10/21/52 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9329

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ann
ELIZABETH BERRY

2. DATE
OF
DEATH

10-9-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

If not in hospital or institution, give street address or location

4214 Parkside Drive

length of stay in Baltimore

life

SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-02

D. STREET ADDRESS (If rural, give location)

4214 Parkside Drive

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

8. DATE OF BIRTH

Sept. 26, 1889

9. AGE (In years last birthday)

63

11 Under 1 Year Months Days

12 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Kotrla

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Edw. P. Berry, husband, above

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardiovascular

DUE TO

(C) Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry + Inspection and the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Francis J. Januszko

M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

10-9-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

October 13, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cem.

24D. LOCATION (City, town, or county) (State)

Horner's Lane, Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.

2601-3-5 E. Madison St.

VS 151

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1942

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

GRAPHIC RATE IN DEATH

535
52 9331BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9331

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary F Lander

2. DATE
OF
DEATH

10/19/62

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

38 University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, with RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1008 Linden Ave.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Mar. 18, 1893

9. AGE (In years last birthday)

69

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

William H. Smith

14. MOTHER'S MAIDEN NAME

Cona Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

(If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frances Thompson Linden Ave 1008

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Benign Nephrosclerosis

DUE TO

(C)

Hypertensive Cardiovascular Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1/62, 1962, to 10/19, 1962, that I last saw the deceased alive on 10/19, 1962, and that death occurred at 11 A m., from the causes and on the date stated above.

23A. SIGNATURE

Charles B. Thomas

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10/10/62

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 13 1962

Huntington Williams, M.D.

Mrs Katie R. Williams

Schwartz St 322 N.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. DATE OF DEATH		5. TIME OF DEATH		6. PLACE OF DEATH	
7. CAUSE OF DEATH		8. MANNER OF DEATH		9. SIGNATURE OF PHYSICIAN	
10. SIGNATURE OF REGISTRAR		11. SIGNATURE OF WITNESSES		12. SIGNATURE OF CORONER	
13. SIGNATURE OF BURIAL OFFICER		14. SIGNATURE OF FUNERAL HOME		15. SIGNATURE OF CHURCH	
16. SIGNATURE OF CEMETERY		17. SIGNATURE OF INTERVIEWER		18. SIGNATURE OF SUPERVISOR	
19. SIGNATURE OF ASSISTANT SUPERVISOR		20. SIGNATURE OF CLERK		21. SIGNATURE OF RECEPTIONIST	
22. SIGNATURE OF TELEPHONE OPERATOR		23. SIGNATURE OF MAIL ROOM		24. SIGNATURE OF RECORDS SECTION	
25. SIGNATURE OF IDENTIFICATION SECTION		26. SIGNATURE OF INVESTIGATION SECTION		27. SIGNATURE OF LABORATORY	
28. SIGNATURE OF PATHOLOGY		29. SIGNATURE OF TOXICOLOGY		30. SIGNATURE OF BACTERIOLOGY	
31. SIGNATURE OF VIROLOGY		32. SIGNATURE OF IMMUNOLOGY		33. SIGNATURE OF RADIOLOGY	
34. SIGNATURE OF RADIOLOGY		35. SIGNATURE OF RADIOLOGY		36. SIGNATURE OF RADIOLOGY	
37. SIGNATURE OF RADIOLOGY		38. SIGNATURE OF RADIOLOGY		39. SIGNATURE OF RADIOLOGY	
40. SIGNATURE OF RADIOLOGY		41. SIGNATURE OF RADIOLOGY		42. SIGNATURE OF RADIOLOGY	
43. SIGNATURE OF RADIOLOGY		44. SIGNATURE OF RADIOLOGY		45. SIGNATURE OF RADIOLOGY	
46. SIGNATURE OF RADIOLOGY		47. SIGNATURE OF RADIOLOGY		48. SIGNATURE OF RADIOLOGY	
49. SIGNATURE OF RADIOLOGY		50. SIGNATURE OF RADIOLOGY		51. SIGNATURE OF RADIOLOGY	
52. SIGNATURE OF RADIOLOGY		53. SIGNATURE OF RADIOLOGY		54. SIGNATURE OF RADIOLOGY	
55. SIGNATURE OF RADIOLOGY		56. SIGNATURE OF RADIOLOGY		57. SIGNATURE OF RADIOLOGY	
58. SIGNATURE OF RADIOLOGY		59. SIGNATURE OF RADIOLOGY		60. SIGNATURE OF RADIOLOGY	
61. SIGNATURE OF RADIOLOGY		62. SIGNATURE OF RADIOLOGY		63. SIGNATURE OF RADIOLOGY	
64. SIGNATURE OF RADIOLOGY		65. SIGNATURE OF RADIOLOGY		66. SIGNATURE OF RADIOLOGY	
67. SIGNATURE OF RADIOLOGY		68. SIGNATURE OF RADIOLOGY		69. SIGNATURE OF RADIOLOGY	
70. SIGNATURE OF RADIOLOGY		71. SIGNATURE OF RADIOLOGY		72. SIGNATURE OF RADIOLOGY	
73. SIGNATURE OF RADIOLOGY		74. SIGNATURE OF RADIOLOGY		75. SIGNATURE OF RADIOLOGY	
76. SIGNATURE OF RADIOLOGY		77. SIGNATURE OF RADIOLOGY		78. SIGNATURE OF RADIOLOGY	
79. SIGNATURE OF RADIOLOGY		80. SIGNATURE OF RADIOLOGY		81. SIGNATURE OF RADIOLOGY	
82. SIGNATURE OF RADIOLOGY		83. SIGNATURE OF RADIOLOGY		84. SIGNATURE OF RADIOLOGY	
85. SIGNATURE OF RADIOLOGY		86. SIGNATURE OF RADIOLOGY		87. SIGNATURE OF RADIOLOGY	
88. SIGNATURE OF RADIOLOGY		89. SIGNATURE OF RADIOLOGY		90. SIGNATURE OF RADIOLOGY	
91. SIGNATURE OF RADIOLOGY		92. SIGNATURE OF RADIOLOGY		93. SIGNATURE OF RADIOLOGY	
94. SIGNATURE OF RADIOLOGY		95. SIGNATURE OF RADIOLOGY		96. SIGNATURE OF RADIOLOGY	
97. SIGNATURE OF RADIOLOGY		98. SIGNATURE OF RADIOLOGY		99. SIGNATURE OF RADIOLOGY	
100. SIGNATURE OF RADIOLOGY		101. SIGNATURE OF RADIOLOGY		102. SIGNATURE OF RADIOLOGY	

536
52 9332

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9332

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Orsbin Henderson</i>		2. DATE OF DEATH <i>10/10/1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>25</i>			
5. FULL NAME OF (If not in hospital) or institution, give street address or location <i>38 Univ. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-06</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3314 Tate St.</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>Feb. 5, 1907</i>	9. AGE (In years last birthday) <i>46</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Construction</i>		11. BIRTHPLACE (State or foreign country) <i>Va.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>William Henderson</i>		14. MOTHER'S MAIDEN NAME <i>Fannie Smith</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Roy Henderson 3314 Tate St.</i>	
18. <i>416X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Rheumatic Heart Dis.</i> DUE TO <i>Acute Bacterial endocarditis</i> (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>10/10/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/7, 1952</i> to <i>10/10, 1952</i> that I last saw the deceased alive on <i>10/10, 1952</i> and that death occurred at <i>7:30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>M. J. Foley</i>		23B. ADDRESS <i>Univ. Hosp.</i>		23C. DATE SIGNED <i>10/10/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/13/1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>W. T. Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Cedar Hill Md.</i>		25. FUNERAL DIRECTOR <i>Mr. Kate R. Williams</i>		ADDRESS <i>322 N. Schroeder St.</i>	

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

<p>1. Name of Deceased</p>		<p>2. Sex</p>	
<p>3. Age</p>		<p>4. Date of Birth</p>	
<p>5. Place of Birth</p>		<p>6. Date of Death</p>	
<p>7. Cause of Death</p>		<p>8. Manner of Death</p>	
<p>9. Signature of Physician</p>		<p>10. Signature of Registrar</p>	
<p>11. Date of Issuance</p>		<p>12. Office of Registrar</p>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9333**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph F. Schultz			2. DATE OF DEATH 10-12-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MD B. COUNTY Balto.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Public Health Service Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-01		
C. Length of stay in Baltimore 57 Yrs. 39 Mos. 28 Days			D. STREET ADDRESS (If rural, give location) 2800 East St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1-25-93 AGE (in years, last birthday) 59 Yrs. 4 Mos. 20 Days		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) seaman		10B. KIND OF BUSINESS OR INDUSTRY shipping	11. BIRTHPLACE (State or foreign country) Balto, MD		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Franklin Schultz			14. MOTHER'S MAIDEN NAME Anna Frances		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hosp. Chart		

<p>18. 360X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Uremia</p> <p align="center">DUE TO</p> <p>(B) Diabetes mellitus</p> <p align="center">DUE TO</p> <p>(C)</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>unknown</p> <p>unknown</p>
<p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>		

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **10-7, 1952** to **10-12, 1952**, that I last saw the deceased alive on **10-8, 1952**, and that death occurred at **7:15 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Robert P. Black (MD)		23B. ADDRESS USPHS Hosp. Balto		23C. DATE SIGNED 10-12-52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE OCT 13/1962	24C. NAME OF CEMETERY OR CREMATORY SACRED HEART	24D. LOCATION (City, town, or county) (State) GERMAN HILL ROAD	
DATE RECEIVED BY LOCAL REGISTRAR OCT 13 1962		REGISTRAR'S SIGNATURE Huntington Williams, MD		
25. FUNERAL DIRECTOR ADDRESS STEPHEN J. FIALKOWSKI INC				

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1914

1914

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH
OFFICE OF THE REGISTRAR
HARTFORD, CONNECTICUT
JANUARY 1, 1914

632
52 9334BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9334

1. NAME OF DECEASED (Type or Print) KATARZYNA BARTKOWIAK		2. DATE OF DEATH OCT. 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 921 S. BINNEY ST		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 1-04	
5. FULL NAME OF (If not in hospital or institution, give street address or location) 921 S. BINNEY ST		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO	
7. LENGTH OF STAY IN BALTIMORE 70 yrs.		8. STREET ADDRESS (If rural, give location) 921 S. BINNEY ST	
9. SEX FEMALE	10. COLOR OR RACE WHITE	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	12. DATE OF BIRTH OCT 28
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		14. AGE (In years last birthday) 84	
15. KIND OF BUSINESS OR INDUSTRY HOME		15. BIRTHPLACE (State or foreign country) POLAND	
16. FATHER'S NAME STANISLAUS FIPIPIAK		17. CITIZEN OF WHAT COUNTRY? U.S.A.	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		19. SOCIAL SECURITY NO.	
20. INFORMANT ANGELINE BARTKOWIAK		21. ADDRESS 921 S. BINNEY ST	
22. CAUSE OF DEATH (A) Myocardial Insufficiency (B) Chronic Myocarditis (C) Arteriosclerosis-Hypertension			
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 3 wks.			
24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 10 yrs. 12 yrs.			
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
26. DATE OF OPERATION 0		27. MAJOR FINDINGS OF OPERATION	
28. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
29. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		32. TIME (Month) (Day) (Year) (Hour) OF INJURY	
33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		34. HOW DID INJURY OCCUR?	
35. I hereby certify that I attended the deceased from June, 1924 to Oct. 11, 1952 that I last saw the deceased alive on Oct. 11, 1952 and that death occurred at 10:10 a.m. from the causes and on the date stated above.			
36. SIGNATURE John V. Sczerbicki		37. ADDRESS 1802 Eastern Ave	
38. DATE SIGNED 10-13-52		39. DATE SIGNED	
40. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		41. DATE Oct 16 52	
42. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS CEM		43. LOCATION (City, town, or county) (State) ONDAAK AVE	
44. DATE RECEIVED BY LOCAL REGISTRAR OCT 13 1952		45. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
46. FUNERAL DIRECTOR STEPHEN J. FLAKOWSKI INC		47. ADDRESS 1000 S. KENWOOD AVE	

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. NAME OF DECEASED <i>John Doe</i>		2. SEX <i>Male</i>	
3. AGE <i>45</i>		4. DATE OF BIRTH <i>Jan 15 1925</i>	
5. PLACE OF BIRTH <i>New York City</i>		6. OCCUPATION <i>Teacher</i>	
7. MARITAL STATUS <i>Married</i>		8. CAUSE OF DEATH <i>Heart Disease</i>	
9. PLACE OF DEATH <i>Home</i>		10. TIME OF DEATH <i>10:30 AM</i>	
11. SIGNATURE OF PHYSICIAN <i>Dr. J. Smith</i>		12. SIGNATURE OF REGISTRAR <i>John Doe</i>	
13. SIGNATURE OF WITNESS <i>John Doe</i>		14. SIGNATURE OF WITNESS <i>John Doe</i>	
15. SIGNATURE OF WITNESS <i>John Doe</i>		16. SIGNATURE OF WITNESS <i>John Doe</i>	
17. SIGNATURE OF WITNESS <i>John Doe</i>		18. SIGNATURE OF WITNESS <i>John Doe</i>	
19. SIGNATURE OF WITNESS <i>John Doe</i>		20. SIGNATURE OF WITNESS <i>John Doe</i>	
21. SIGNATURE OF WITNESS <i>John Doe</i>		22. SIGNATURE OF WITNESS <i>John Doe</i>	
23. SIGNATURE OF WITNESS <i>John Doe</i>		24. SIGNATURE OF WITNESS <i>John Doe</i>	
25. SIGNATURE OF WITNESS <i>John Doe</i>		26. SIGNATURE OF WITNESS <i>John Doe</i>	
27. SIGNATURE OF WITNESS <i>John Doe</i>		28. SIGNATURE OF WITNESS <i>John Doe</i>	
29. SIGNATURE OF WITNESS <i>John Doe</i>		30. SIGNATURE OF WITNESS <i>John Doe</i>	
31. SIGNATURE OF WITNESS <i>John Doe</i>		32. SIGNATURE OF WITNESS <i>John Doe</i>	
33. SIGNATURE OF WITNESS <i>John Doe</i>		34. SIGNATURE OF WITNESS <i>John Doe</i>	
35. SIGNATURE OF WITNESS <i>John Doe</i>		36. SIGNATURE OF WITNESS <i>John Doe</i>	
37. SIGNATURE OF WITNESS <i>John Doe</i>		38. SIGNATURE OF WITNESS <i>John Doe</i>	
39. SIGNATURE OF WITNESS <i>John Doe</i>		40. SIGNATURE OF WITNESS <i>John Doe</i>	
41. SIGNATURE OF WITNESS <i>John Doe</i>		42. SIGNATURE OF WITNESS <i>John Doe</i>	
43. SIGNATURE OF WITNESS <i>John Doe</i>		44. SIGNATURE OF WITNESS <i>John Doe</i>	
45. SIGNATURE OF WITNESS <i>John Doe</i>		46. SIGNATURE OF WITNESS <i>John Doe</i>	
47. SIGNATURE OF WITNESS <i>John Doe</i>		48. SIGNATURE OF WITNESS <i>John Doe</i>	
49. SIGNATURE OF WITNESS <i>John Doe</i>		50. SIGNATURE OF WITNESS <i>John Doe</i>	
51. SIGNATURE OF WITNESS <i>John Doe</i>		52. SIGNATURE OF WITNESS <i>John Doe</i>	
53. SIGNATURE OF WITNESS <i>John Doe</i>		54. SIGNATURE OF WITNESS <i>John Doe</i>	
55. SIGNATURE OF WITNESS <i>John Doe</i>		56. SIGNATURE OF WITNESS <i>John Doe</i>	
57. SIGNATURE OF WITNESS <i>John Doe</i>		58. SIGNATURE OF WITNESS <i>John Doe</i>	
59. SIGNATURE OF WITNESS <i>John Doe</i>		60. SIGNATURE OF WITNESS <i>John Doe</i>	
61. SIGNATURE OF WITNESS <i>John Doe</i>		62. SIGNATURE OF WITNESS <i>John Doe</i>	
63. SIGNATURE OF WITNESS <i>John Doe</i>		64. SIGNATURE OF WITNESS <i>John Doe</i>	
65. SIGNATURE OF WITNESS <i>John Doe</i>		66. SIGNATURE OF WITNESS <i>John Doe</i>	
67. SIGNATURE OF WITNESS <i>John Doe</i>		68. SIGNATURE OF WITNESS <i>John Doe</i>	
69. SIGNATURE OF WITNESS <i>John Doe</i>		70. SIGNATURE OF WITNESS <i>John Doe</i>	
71. SIGNATURE OF WITNESS <i>John Doe</i>		72. SIGNATURE OF WITNESS <i>John Doe</i>	
73. SIGNATURE OF WITNESS <i>John Doe</i>		74. SIGNATURE OF WITNESS <i>John Doe</i>	
75. SIGNATURE OF WITNESS <i>John Doe</i>		76. SIGNATURE OF WITNESS <i>John Doe</i>	
77. SIGNATURE OF WITNESS <i>John Doe</i>		78. SIGNATURE OF WITNESS <i>John Doe</i>	
79. SIGNATURE OF WITNESS <i>John Doe</i>		80. SIGNATURE OF WITNESS <i>John Doe</i>	
81. SIGNATURE OF WITNESS <i>John Doe</i>		82. SIGNATURE OF WITNESS <i>John Doe</i>	
83. SIGNATURE OF WITNESS <i>John Doe</i>		84. SIGNATURE OF WITNESS <i>John Doe</i>	
85. SIGNATURE OF WITNESS <i>John Doe</i>		86. SIGNATURE OF WITNESS <i>John Doe</i>	
87. SIGNATURE OF WITNESS <i>John Doe</i>		88. SIGNATURE OF WITNESS <i>John Doe</i>	
89. SIGNATURE OF WITNESS <i>John Doe</i>		90. SIGNATURE OF WITNESS <i>John Doe</i>	
91. SIGNATURE OF WITNESS <i>John Doe</i>		92. SIGNATURE OF WITNESS <i>John Doe</i>	
93. SIGNATURE OF WITNESS <i>John Doe</i>		94. SIGNATURE OF WITNESS <i>John Doe</i>	
95. SIGNATURE OF WITNESS <i>John Doe</i>		96. SIGNATURE OF WITNESS <i>John Doe</i>	
97. SIGNATURE OF WITNESS <i>John Doe</i>		98. SIGNATURE OF WITNESS <i>John Doe</i>	
99. SIGNATURE OF WITNESS <i>John Doe</i>		100. SIGNATURE OF WITNESS <i>John Doe</i>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9335
Registered No.

1. NAME OF DECEASED

(Type or Print) **ERNEST-EARL PARTAIN**

2. DATE OF DEATH

10/12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

8. FULL NAME OF (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Balto City Md**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

1609 Park Ave 14-01

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore **3 yrs**

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

Painting

13. FATHER'S NAME

Andrew Partain

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

445-03-0899

17. INFORMANT

ADDRESS

Olive Partain 1609 Park Ave

18. **E983X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cranio-cerebral Injury

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)

alley

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

rear of 2125 Orleans St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

OCT. 11, 1952 4p.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

was knocked down during fight

22. I certify that I took charge of the remains described above, held an **AUTOPSY** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

10/12/52

10/12/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

10-14-52

24C. NAME OF CEMETERY OR CREMATORY

Balto Nat Cemetery Frederick Rd

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

Edward Joulson Balto 30th

VS 151

N 853.2

6424

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

W 7664

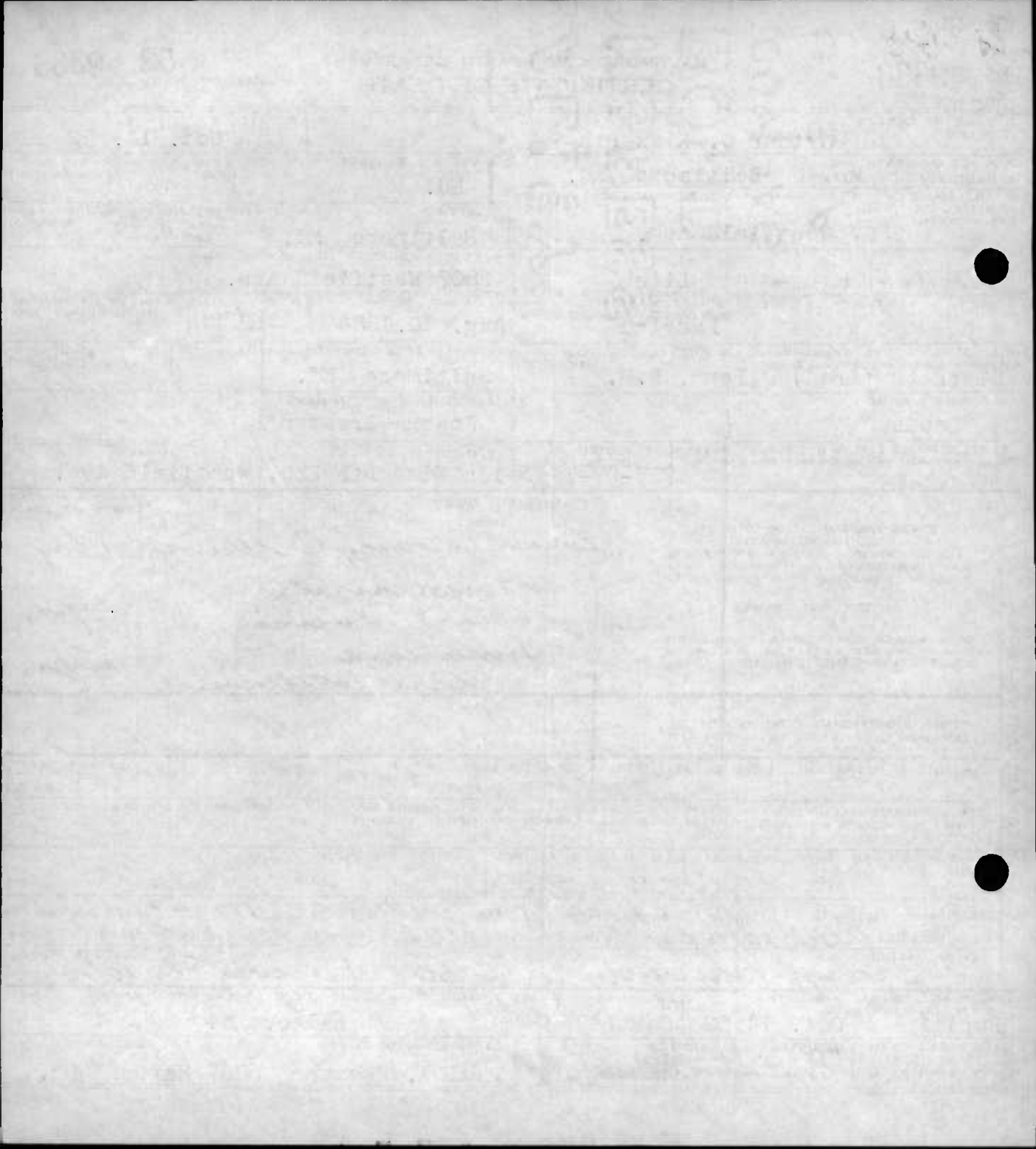
1842-2-12

1842-2-12

1842-2-12

27.4

1842-2-12



353
52 9337BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9337

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>MICHAEL STANTON</u>		2. DATE OF DEATH <u>10-11-52</u>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <u>S.B. GH.</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>Baltimore</u>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1213 LIGHT ST.</u> <u>SOUTH BALTO. GEN. HOSP.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u>	
6. Length of stay in Baltimore <u>43</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>LORELEY</u> <u>5300</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>MAR. 18 1858</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>94</u> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <u>Connecticut</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>PATRICK STANTON</u>		14. MOTHER'S MAIDEN NAME <u>Mary Hannon</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>J. Leonard Stanton</u>		ADDRESS <u>Frederick Md.</u>	

18. <u>442x</u> I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <u>Arterio Sclerotic Cardio - Vascular - Renal Disease</u>	<u>10 yrs</u>
ANTECEDENT CAUSES	(B) _____	_____
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C) _____	_____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Terminal Hypostatic Pneumonia3 days

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Oct. 7, 1952</u> , to <u>Oct. 11, 1952</u> , that I last saw the deceased alive on <u>Oct. 11, 1952</u> and that death occurred at <u>3:55</u> m., from the causes and on the date stated above.		

23A. SIGNATURE <u>W. R. Conway</u>	23B. ADDRESS <u>South Baltimore Genl Hosp</u>	23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>OCT. 13-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>St. Stephens R.C.</u>
24D. LOCATION (City, town, or county) (State) <u>Bradshaw Md.</u>	25. FUNERAL DIRECTOR <u>G. E. Arthur</u>	ADDRESS <u>Torke Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 13 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9338

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise

also

2. DATE
OF
DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Geo. F. Bellows-909 Cathedral St.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 10/11, 1952 to 10/12, 1952 that I last saw the
deceased alive on 10/12, 1952 and that death occurred at 1:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

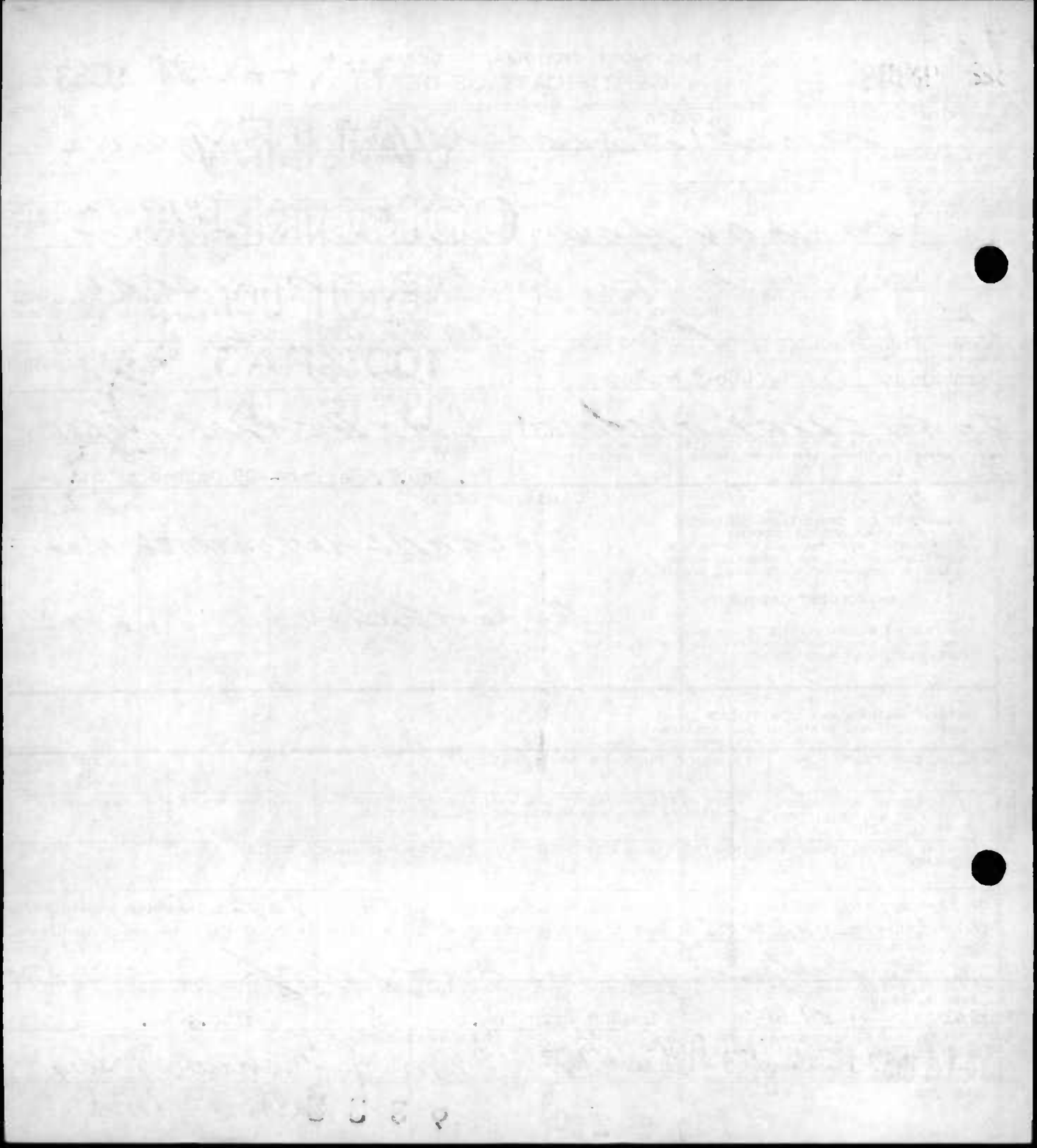
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



120
52 9339BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9339
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MELVINA VIRGINIA DAVIS			2. DATE OF DEATH 10-11-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md. B. COUNTY 9-08		
5. FULL NAME OF (If not in hospital or institution, give street address or location) 38 University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2107 Homewood Ave		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Aug. 22, 1881		9. AGE (In years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H W		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) ?		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Richard M. Waring			14. MOTHER'S MAIDEN NAME Victoria Arnold		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. David E. Tydings - 4704 Kernwood Ave.		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Embolism DUE TO Congestive Heart Failure DUE TO Hypertensive Cardiovascular Disease unknown	CAUSE OF DEATH Pulmonary Embolism Congestive Heart Failure Hypertensive Cardiovascular Disease unknown	INTERVAL BETWEEN ONSET AND DEATH about 8-10 min
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION ✓	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-9-**, 19**52** to **10-11**, 19**52** that I last saw the deceased alive on **10-11**, 19**52**, and that death occurred at **10:50 Am.**, from the causes and on the date stated above.

23A. SIGNATURE **W. L. Heimer** M. D. 23B. ADDRESS **University Hospital** 23C. DATE SIGNED **10-11-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/14/52	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	24D. LOCATION (City, town, or county) (State) Pikesville, Md.
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DATE RECEIVED BY LOCAL REGISTRAR OCT 13 1952	REGISTRAR'S SIGNATURE Huntington W. H.	25. FUNERAL DIRECTOR ADDRESS Wm. J. Pickner & Sons
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DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

5528

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 9340

BIRTH NO. 9340

1. NAME OF DECEASED (Type or Print) <i>Elizabeth M. Skeen</i>			2. DATE OF DEATH <i>October 14/1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Dept. 3</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>26-03</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>33 JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>3714 Elmway Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>8-17-79</i>	9. AGE in years last birthday <i>73</i>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>?</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>?</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
13. FATHER'S NAME <i>George Wehn</i>			14. MOTHER'S MAIDEN NAME <i>Cecilia Gilmeier</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>600.0</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Uremia</i> DUE TO	<i>months</i>
ANTECEDENT CAUSES	(B) <i>Chronic pyelonephritis</i> DUE TO	<i>years</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>✓</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-21*, 1952, to *10-11*, 1952, that I last saw the deceased alive on *10-11*, 1952, and that death occurred at *4:45 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Carl S. Johnson</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>10/12/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10/15/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn, Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 13 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Wm. J. Vickner & Sons</i>	ADDRESS
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SECTION ONE - HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Date of Registration		12. Office of Registrar	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9341**

52 9341
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY B. MYERS			2. DATE OF DEATH Oct. 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY Balto.		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1136 McKean Ave.			C. CITY OR TOWN (If outside corporate limits, write rural and give township) 16-04		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1136 McKean Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 9, 1887		9. AGE (In years last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Kentucky
13. FATHER'S NAME Humphrey			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) -no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Harry L. Myers-1136 McKean Ave.		

MEDICAL CERTIFICATION	18. 170x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma? Left Breast		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	(A) DUE TO		
	(B) DUE TO		
	(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 5, 1952 to Oct 10, 1952 , that I last saw the deceased alive on 10/10 , 19 52 , and that death occurred at 8p m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. Harry Ashman		23B. ADDRESS 3700 Junction Blvd		23C. DATE SIGNED 10/11/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/14/52		24C. NAME OF CEMETERY OR CREMATORY Linganore Cem.	
24D. LOCATION (City, town, or county) (State) Unionville, Md.		25. FUNERAL DIRECTOR Wm. J. Vickers & Sons			
DATE RECEIVED BY LOCAL REGISTRAR OCT 13 1952		REGISTRAR'S SIGNATURE Huntington Hill		ADDRESS Balto 07, Md.	

DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF THE ASSISTANT SECRETARY FOR
REGULATORY AFFAIRS

10

1. Name of the person or organization
responsible for the study:
2. Title of the study:
3. Date of the study:
4. Location of the study:

5. Name of the person or organization
responsible for the analysis:
6. Title of the analysis:
7. Date of the analysis:
8. Location of the analysis:

9. Name of the person or organization
responsible for the interpretation:
10. Title of the interpretation:
11. Date of the interpretation:
12. Location of the interpretation:

13. Name of the person or organization
responsible for the dissemination:
14. Title of the dissemination:
15. Date of the dissemination:
16. Location of the dissemination:

17. Name of the person or organization
responsible for the evaluation:
18. Title of the evaluation:
19. Date of the evaluation:
20. Location of the evaluation:

21. Name of the person or organization
responsible for the final report:
22. Title of the final report:
23. Date of the final report:
24. Location of the final report:

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 9342

514
BIRTH NO. 52 9342

1. NAME OF DECEASED (Type or Print) MARY W. TEMPEL			2. DATE OF DEATH Oct. 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 630 E. 36th St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 630 E. 36th St.			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 8, 1886	9. AGE (in years last birthday) 66	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles Bauer			14. MOTHER'S MAIDEN NAME Mary Denninger		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. no		
17. INFORMANT. Mrs. Wm.C. Askins-605 Anneslie Rd.			ADDRESS		

CAUSE OF DEATH

18. 153X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma of Descending Colon 1 1/2 yrs
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION Oct. 1951		19B. MAJOR FINDINGS OF OPERATION Carcinoma of descending colon		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYNING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct., 1951, to Oct. 10, 1952, that I last saw the deceased alive on Oct. 9, 1952, and that death occurred at 7:30A m., from the causes and on the date stated above.

23A. SIGNATURE Lloyd E. Taylor		23B. ADDRESS 3902 Greenmount Ave.		23C. DATE SIGNED Oct. 10, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/13/52		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) (State) Pikesville, Md.					

DATE RECEIVED BY LOCAL REGISTRAR OCT 13 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. J. Vickner & Sons	
ADDRESS					

52 9342
Balto 77, Md.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

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52 9343

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9343
Registered No.

1. NAME OF DECEASED (Type or Print) <i>William H. Summer</i>		2. DATE OF DEATH <i>Oct. 9-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>15-02</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>1732 N. Appleton St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
6. Length of stay in Baltimore <i>5 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>1732 N. Appleton St</i>	
5. SEX <i>m</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>June-1870</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		9. AGE (In years last birthday) <i>82</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (State or foreign country) <i>Corapeake N.C.</i>	
13. FATHER'S NAME <i>John Summer</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
14. MOTHER'S MAIDEN NAME <i>Paisilla?</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Addie Gray-1732 N. Appleton</i>	

18. <i>450.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Generalized arteriosclerosis</i> DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Senile degeneration</i> DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <i>—</i>	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *April 28, 1952* to *October 9, 1952*, that I last saw the deceased alive on *Oct. 2, 1952*, and that death occurred at *4:50 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Ch. Campbell</i>		23B. ADDRESS <i>718 Dolphin St.</i>		23C. DATE SIGNED <i>10-10-52</i>	
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 13-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Whitman Men. Park</i>		24D. LOCATION (City, town, or county) (State) <i>Balto, Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 13 1952</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Samuel W. Sullivan Jr</i>		ADDRESS <i>1016 N. Arlington Ave</i>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 9344

BIRTH NO. 562

1. NAME OF DECEASED
(Type or Print) Lee C. VANORSdak

2. DATE OF DEATH 189 Oct 12 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE md B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 38 University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 7

C. Length of stay in Baltimore 19 yrs

D. STREET ADDRESS (If rural, give location)
6838 Dogwood Rd 5300

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH 1895

9. AGE (In years last birthday) 57

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY
HOME

11. BIRTHPLACE (State or foreign country)
Virginia

12. CITIZEN OF WHAT COUNTRY?
U.S.

13. FATHER'S NAME

Bruce Corbin

14. MOTHER'S MAIDEN NAME
Matilda

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ✓

16. SOCIAL SECURITY NO. ✓

17. INFORMANT

Husband

ADDRESS

same

18. 260x I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro Vascular Hemorrhage
DUE TO

42 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio Vascular Disease
DUE TO
(C) Diabetes

known
known

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9-6, 1952, to 10-12, 1952, that I last saw the deceased alive on 10-12, 1952, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Aubrey D. Richardson

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24B. DATE

Oct 15-52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Chas. R. Powell

ADDRESS

6411 W. Anderson Mill Rd

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered 52 9345

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Miss Mary Theresa Sheil

2. DATE

OF
DEATH Oct. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Joseph's Hospital
1400 N. Caroline St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

434 E. Biddle St. #2

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 18, 1876

9. AGE (In years last birthday)

75

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward T. Sheil

14. MOTHER'S MAIDEN NAME

Bridget Horgan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Ellen M. Sheil 434 E. Biddle St.

18. 176x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Left Breast

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Metastases to Left Lung

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct. 3, 1952, to Oct. 10, 1952, that I last saw the deceased alive on Oct. 10, 1952, and that death occurred at 9:45 PM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

B. B. Williams M. D. 1400 N. Caroline St.

Oct. 10, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/14/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 13 1952

Huntington Williams, M.D.

W. W. Meeks & Son 805 N. Calvert St.

2000

2000

2000



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9346**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry J. Ellis.

2. DATE
OF
DEATH

Oct 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

617 W. 33rd St.

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Service Engineer

10B. KIND OF BUSINESS OR INDUSTRY

C&P Telephone Co

13. FATHER'S NAME

James H. Ellis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokooow) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

212 03 6050 Elizabeth A. Ellis. 617 W. 33rd St

14. MOTHER'S MAIDEN NAME

Mary E. Shields.

17. INFORMANT

ADDRESS

18.

416 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

Rheumatic Heart Disease

15 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-10**, 19**52**, to **10-11**, 19**52**, that I last saw the deceased alive on **10-10**, 19**52**, and that death occurred at **2 P.** m.; from the causes and on the date stated above.

23A. SIGNATURE

C. V. Lynn

23B. ADDRESS

11 E. Chan St

23C. DATE SIGNED

10/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct 14/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Old Frederick Rd. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Clustin E. Donovan. 3818 Roland

8413 82

CERTIFICATE OF DEATH
BALTIMORE CITY HEALTH DEPARTMENT

Oct 11, 1928

MARY J. BILLS

Maryland

Baltimore

Union Memorial Hosp.

617 E. 37th St.

Life

47

Feb 1, 1903

married

white

ale

Maryland

City Telephone Co

service engineer

Mary E. Shaffer

James H. Bills

612 63 6080 Baltimore A. 11111, 617 E. 37th St.

DECLARATION OF DEATH
I, the undersigned, being a resident of the City of Baltimore, do hereby certify that the above named person has died.

Witness my hand and seal this 11th day of October, 1928.

Health Officer

Signature

Signature

Signature

Old Frederick Md. 14

New Cathedral

Oct 1928

burial

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9347**

BIRTH NO. **9347**

1. NAME OF DECEASED (Type or Print) Erdman, Gertrude, W.			2. DATE OF DEATH October 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's			C. CITY OR TOWN Baltimore		
6. Length of stay in Baltimore 60 yr.			D. STREET ADDRESS (If rural, give location) 2500 Gibbons Ave.		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 13, 1869		9. AGE (In years last birthday) 83
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) New Jersey		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Wallace			14. MOTHER'S MAIDEN NAME Mary Wrigley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Elizabeth Erdman 2500 Gibbons Ave.		

18. 260X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Diabetic acidosis DUE TO ANTECEDENT CAUSES (B) Diabetes mellitus DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Gangrene of toes, left foot	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **October 7, 1952** to **October 11, 1952**, that I last saw the deceased alive on **Oct. 11, 1952** and that death occurred at **8:10 am.**, from the causes and on the date stated above.

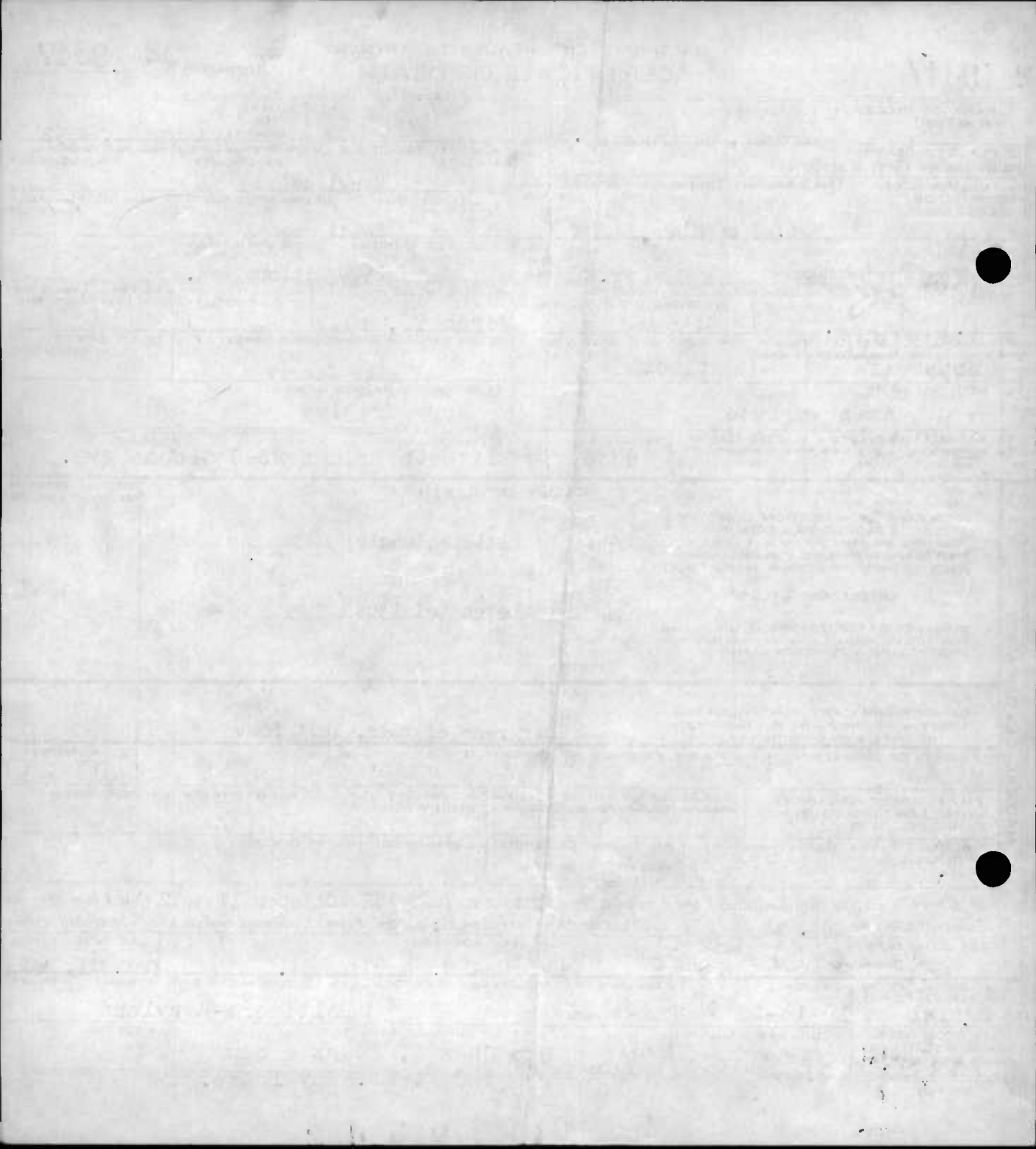
23A. SIGNATURE Louis A. Fritz		23B. ADDRESS 1400 N. Caroline St.		23C. DATE SIGNED Oct. 11, 1952	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-14-52		24C. NAME OF CEMETERY OR CREMATORY Parkwood		24D. LOCATION (City, town, or county) (State) Baltimore-Maryland	
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DATE RECEIVED BY LOCAL REGISTRAR OCT 13 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Chas F. Evans & Son 118 W. Mt. Royal Ave.	
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MEDICAL CERTIFICATION

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52 9348

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9348

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Foy O Powell

2. DATE OF DEATH
OCT 13 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or location)
JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Richmond

D. STREET ADDRESS (If rural, give location)

812 W. FRANKLIN

8. DATE OF BIRTH

1-4-81

9. AGE (In years last birthday)

71

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sales

10B. KIND OF BUSINESS OR INDUSTRY

Auto

11. BIRTHPLACE (State or foreign country)

Columbia Ala.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Adolph

14. MOTHER'S MAIDEN NAME

Layla Dudley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 193X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Intracerebral Hemorrhage Left

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis and arterial hypertension

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11 Oct. '52

19B. MAJOR FINDINGS OF OPERATION

Neoplasm of auditory nerve Left

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-9-1952 to 10-13-1952 that I last saw the deceased alive on 10-13-1952 and that death occurred at 6:03 A. M., from the causes and on the date stated above.

23A. SIGNATURE

George H. Smith

23B. ADDRESS

M. D.

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-13-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

10/13-52

24C. NAME OF CEMETERY OR CREMATORY

Vidalia Ga

24D. LOCATION (City, town, or county)

Vidalia Ga

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Clyde B. Houston Funeral Home

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

Blank form with horizontal lines for text entry.

52 9349

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9349

BIRTH NO.

1. NAME OF DECEASED (Type or Print) VIRGINIA T. JONES		2. DATE OF DEATH 10-13-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Prince George	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LAUREL 6637	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 158 LAFAYETTE AVENUE	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH OCT. 17, 1879
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) 72
11. BIRTHPLACE (State or foreign country) JESSUPS, MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Mr. James M. Jones		14. MOTHER'S MAIDEN NAME Elizabeth Holbrook	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT Hospital Records		ADDRESS	

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral vascular accident**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **arteriosclerotic cordis vascular disease**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 10-10-52	19B. MAJOR FINDINGS OF OPERATION Left Lung Sympathectomy	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-2-52** to **10-13-52**, that I last saw the deceased alive on **10-13-52**, and that death occurred at **8:15** m., from the causes and on the date stated above.

23A. SIGNATURE Robert E. Allison	23B. ADDRESS Union Memorial Hospital	23C. DATE SIGNED 10-13-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/16/52	24C. NAME OF CEMETERY OR CREMATORY Congressman Cunningham
24D. LOCATION (City, town, or county) (State) Washington D.C.		
DATE RECEIVED BY LOCAL REGISTRAR OCT 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR De Witt Donaldson

14520009344

MEDICAL CERTIFICATION

52 9350

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9350

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPHINE KUSKA

2. DATE OF DEATH
Oct. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4825 Pennington Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Md. B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Curtis Bay 25-05D. STREET ADDRESS (If rural, give location)
4825 Pennington Ave.

E. Length of stay in Baltimore 40 yrs.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 21, 1892

9. AGE (In years last birthday)

60

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Hrebik

14. MOTHER'S MAIDEN NAME

Mary Peska

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
212-18-0935

17. INFORMANT

ADDRESS

Frank L. Kuska, husband, above

18. 154X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Adenocarcinoma of the sigmoid
& generally of the
metastases

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1951, to Oct 10, 1952, that I last saw the deceased alive on Oct. 9, 1952, and that death occurred at 4:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

24D. LOCATION (City, town, or county) (State)

Ritchie Highway, Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

VS 150

0520009345

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1930

No. 10, 1930

DATE OF DEATH

1930

NAME

SEX

AGE

RESIDENCE

1930

CAUSE OF DEATH

DEATH CERTIFICATE

DEATH CERTIFICATE

DEATH CERTIFICATE

DEATH CERTIFICATE

DEATH CERTIFICATE

DEATH CERTIFICATE

DEATH CERTIFICATE

DEATH CERTIFICATE

DEATH CERTIFICATE

52 9351

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9351
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Edmond Blondell

2. DATE
OF
DEATH

October 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Lutheran Hospital

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Lutheran Hospital
730 Ashburton Str. Baltimore Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

49 Gorman Ave. 20-02

5. SEX male 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH December 11, 1885 9. AGE (In years last birthday) 66

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired

10B. KIND OF BUSINESS OR INDUSTRY (Specify) Graduate

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Dennis B. Blondell (R)

14. MOTHER'S MAIDEN NAME Margaret McLaughlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. INFORMANT Hospital records

16. SOCIAL SECURITY NO.

ADDRESS Baltimore Md.
Lutheran Hospital, 730 Ashburton Str.

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) acute myocardial infarction one day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) coronary arteriosclerosis unknown

DUE TO

(C) arteriosclerotic heart-disease unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 10, 1952 to October 10, 1952 that I last saw the deceased alive on October 10, 1952 and that death occurred at 5:02 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. E. H. Harell

M. D.

Lutheran Hospital

13 Oct 52

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-14-52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. L. Beyer, Jr.

ADDRESS

1512 Hollins St.

1952 2906A

1900 52

STATE OF NEW YORK
OFFICE OF THE COMMISSIONER OF HEALTH
BUREAU OF VITAL STATISTICS

1900 52

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220
52 9352BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9352
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alexander Hughes

2. DATE
OF
DEATH

Oct. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

261- Robert St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

261- Robert St.

Length of stay in Baltimore

years

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7-7-1872

9. AGE (In years last birthday)

80

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

D. A. P.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Blanche Johnson - 261- Robert St.

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Insufficiency

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Pneumonia

5 yrs.

(C)

Ess hypertension

1 yr.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1952 to Oct 11, 1952 that I last saw the deceased alive on Oct 11, 1952, and that death occurred at 5 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA- TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

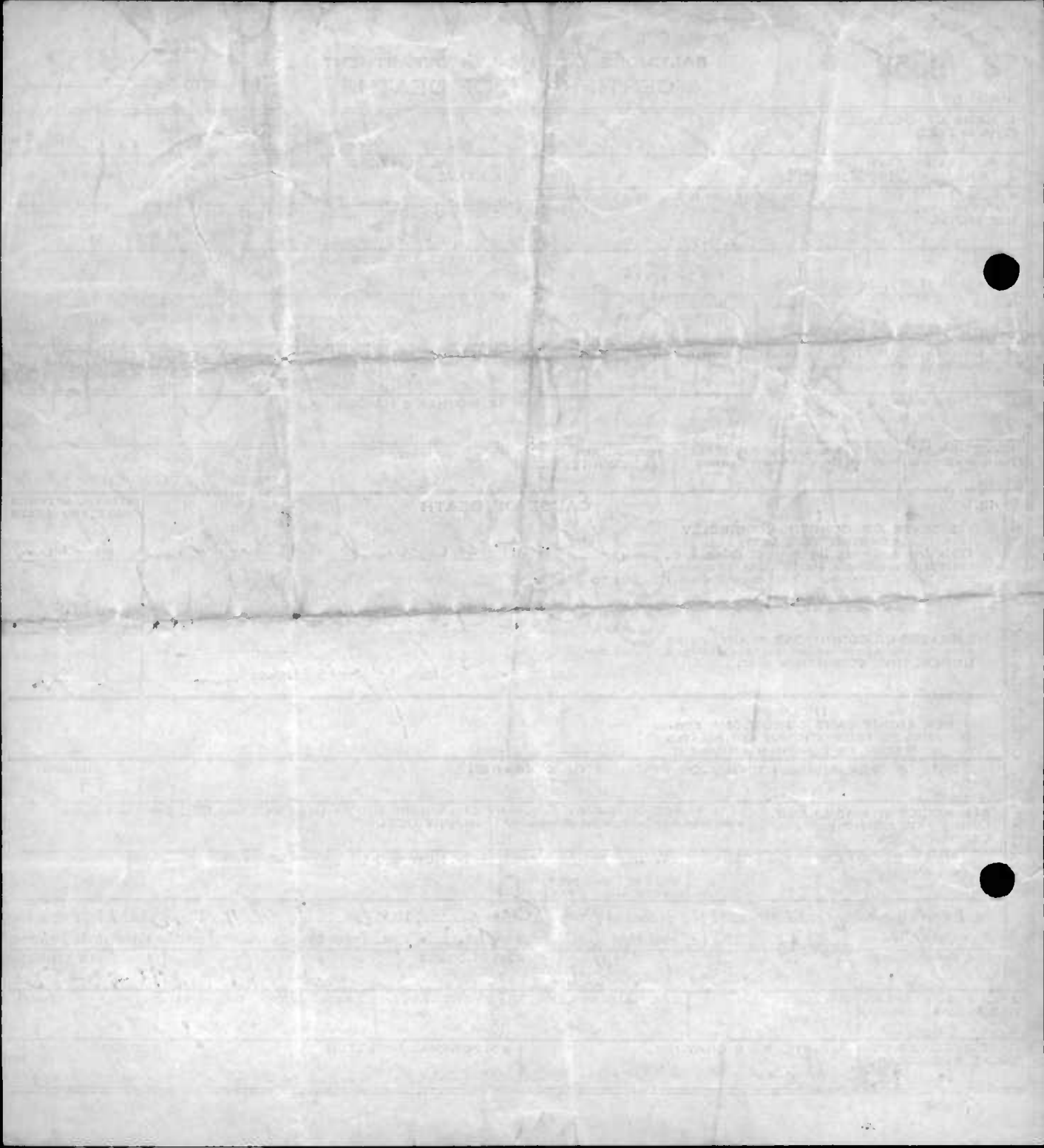
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, M.D., Halstead - 918 - Grand - Hill ave.



532

52 9353

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9353
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM HENRY FONTZ

2. DATE
OF
DEATH

Oct 11-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2722 Washington Blvd.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-52

D. STREET ADDRESS (If rural, give location)

2722 Washington Blvd.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

Balto Transit

13. FATHER'S NAME

George W. Fontz

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Lydia Erich

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or uokooow) (If yes, give war or date of service)

no

no

16. SOCIAL SECURITY NO.

213-10-0410

17. INFORMANT

Florence Fontz 2722 Wash Blvd

ADDRESS

18. 442X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Cardiac Failure

INTERVAL BETWEEN ONSET AND DEATH

1 da

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Cardiovascular Reversal

DUE TO

(C)

Disease

1 hr

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8/10 1947 to 10/11, 1952 that I last saw the deceased alive on 10/11, 1952 and that death occurred at 7 P. m., from the causes and on the date stated above.

23. SIGNATURE

Joseph G. Lewicki

M. O.

23B. ADDRESS

675 W. E. Peyton Blvd

23C. DATE SIGNED

10/12/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct 14-1952

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John T. Keufel 5311 Edmondson Ave

ADDRESS

VS 150

1952 56457

correct age is especially important. Physicians write the causes of death.

MEDICAL CERTIFICATION

25 2523

Date 31

10

17 17 17

Great Eastern
Great Western
Kew

25 25 25 25 25

25 25 25 25 25

25 25 25 25 25

60

52 9354

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9354
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Christina H. Miller

2. DATE
OF
DEATH

10-11-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

Md.

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

2804 Elliott Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Balto

B. COUNTY

1-01

before admission)

c. CITY OR TOWN

Balto - Md.

d. STREET ADDRESS (If rural, give location)

2804 Elliott St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed
Housewife

8. DATE OF BIRTH

1-16-72

9. AGE (In years

last birthday)

80

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore -

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Wilson

14. MOTHER'S MAIDEN NAME

May ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles Miller -

same

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Cardiomyopathy C. V. Disease.*

DUE TO

June 2/50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Carcinoma of Colon & metastasis*

DUE TO

Feb 11/52

(C) *to liver*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., la or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID
INJURY OCCUR?

None

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

None

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from June 20, 1950, to October 11, 1952, that I last saw the
deceased alive on Oct 10, 1952, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Schenck

M. D.

23B. ADDRESS

8428 E. East Ave

23C. DATE SIGNED

10-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10-14-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

W. J. Ziller ch. 443 S

VS 150

0520009317016 Shatt

MEDICAL CERTIFICATION

[Faint, mostly illegible text from a medical journal page, likely containing a case report or research findings.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9355**

52 9355

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES F. HOOPER		2. DATE OF DEATH October 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION 912 S. Potomac Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 912 S. Potomac Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-28-64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Pen. R.R.	9. AGE (In years last birthday) 74 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Charles F. Hooper		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 2 7	
17. INFORMANT Russell S. Hooper - 114 S. ...		ADDRESS	

18. **420.0 and 260X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic Heart Disease with Myocardial Insufficiency**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 10/11/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 10-14-52		24C. NAME OF CEMETERY OR CREMATORY Balto Cem	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR 463 1/2 Wolfe St.	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1252

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9356
Registered No.

425
52 9356
BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE H. MULLIGAN			2. DATE OF DEATH 10-11-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 415 E. 22nd St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 12-04		
length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 415 E. 22ND ST.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 11-3-1900		9. AGE (In years last birthday) 51-
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10B. KIND OF BUSINESS OR INDUSTRY B&O R.R.	11. BIRTHPLACE (State or foreign country) BALTO. C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME GEO. C. MULLIGAN			14. MOTHER'S MAIDEN NAME KATHERINE BOYD		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MRS. CATHERINE STORCK		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Artery Disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Disease		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			

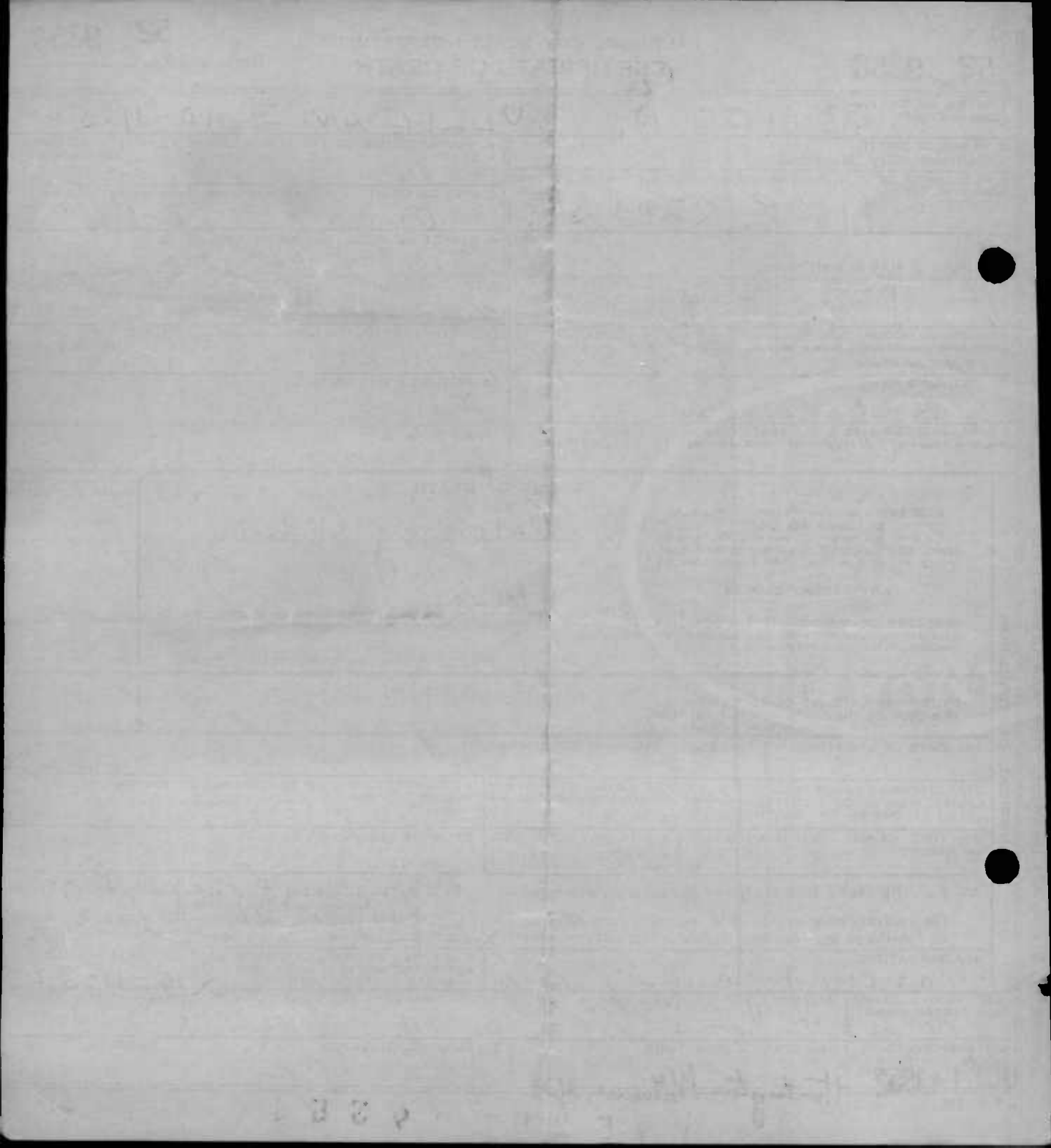
22. I certify that I took charge of the remains described above, held an **Inquiry + Inspection** from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE Francis J. Januszewski		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 10-11-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 10-14-52	24C. NAME OF CEMETERY OR CREMATORY MT. MARIA CEM.	24D. LOCATION (City, town, or county) (State) TOWSON, MD. -		

DATE RECEIVED BY LOCAL REGISTRAR OCT 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Speckelberg & Sons	ADDRESS 254 250 - 2nd St. B. Ave & 22nd St.
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MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



622
52 9357BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9357

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Burgess Anna

2. DATE OF DEATH 10-11-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Franklin J. Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore EDEMERE

D. STREET ADDRESS (If rural, give location)

2420 Lincoln Ave 5300

Length of stay in Baltimore

10-11-52

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Md 5/5/90

9. AGE (In years last birthday)

62

10 Under 1 Year

11 Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

—

13. FATHER'S NAME

Frank W. BARLOW

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

MARY C. ANDERSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 2420

HARVEY T. BURGESS

LINCOLN AV

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NO

19B. MAJOR FINDINGS OF OPERATION

NO

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7, 1952, to 10-11, 1952, that I last saw the deceased alive on 10-11, 1952, and that death occurred at 2:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

D. B. P. Kim

M. D.

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

10-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

OCT. 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

MT. OLIVET

24D. LOCATION (City, town, or county) (State)

BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ulrich Funeral Home

2112 Quodark Ave.

Baltimore, Md.

VS 150

1952 0000 9357

1783 86

1783 86

1783 86

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9358**

52 9358
BIRTH NO.

1. NAME OF DECEASED (Type or Print) RACHEL TALLIS		2. DATE OF DEATH October 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-01	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2511 Brookfield Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Isaac		14. MOTHER'S MAIDEN NAME Fruma	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Ralph Sugar.		ADDRESS	

18. E 900.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Fracture of Skull DUE TO
ANTECEDENT CAUSES	(B) _____ DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) _____ DUE TO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) outside steps	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Outside 2511 Brookfield Avenue 13/1
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct. 12, 1952 6:40 P.M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Slipped and fell on outside steps
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE R. B. Fisher	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Oct. 13, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 10-14-52	24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR OCT 14 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Jack Lewis
		ADDRESS 2100 Center Pl	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9359
Registered No.

52 9359
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROBERT L. REYNOLDS		2. DATE OF DEATH October 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 1 year		D. STREET ADDRESS (If rural, give location) 1028 E. North Avenue	
6. SEX Male	7. COLOR OR RACE White	8. DATE OF BIRTH Feb. 19, 1907	9. AGE (In years last birthday) 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pipe fitter		10B. KIND OF BUSINESS OR INDUSTRY Beth. Steel Co.	
11. FATHER'S NAME William Reynolds		12. CITIZEN OF WHAT COUNTRY? USA	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknowns) no		14. SOCIAL SECURITY NO. 417-05-9873	
15. MOTHER'S MAIDEN NAME Mollie Cunningham		16. INFORMANT 1028 E. North Avenue 2 Annie Lee Reynolds	

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Artery Sclerosis**

DOE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DOE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 10/11/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 10/15/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	

DATE RECEIVED BY LOCAL REGISTRAR Oct 14 1952		REGISTRAR'S SIGNATURE <i>[Signature]</i>		FUNERAL DIRECTOR HENRY SANDER & SONS, INC.	
				ADDRESS BALTO., 13, MD.	

574-30

STATE OF TEXAS

1900

1900

<p>1. Name of deceased</p>		<p>2. Age at death</p>	
<p>3. Sex</p>		<p>4. Color</p>	
<p>5. Occupation</p>		<p>6. Cause of death</p>	
<p>7. Date of death</p>		<p>8. Place of death</p>	
<p>9. Name of physician</p>		<p>10. Name of undertaker</p>	
<p>11. Name of funeral home</p>		<p>12. Name of cemetery</p>	
<p>13. Name of executor</p>		<p>14. Name of administrator</p>	
<p>15. Name of next of kin</p>		<p>16. Name of witnesses</p>	
<p>17. Name of registrar</p>		<p>18. Name of clerk</p>	
<p>19. Name of judge</p>		<p>20. Name of jury</p>	
<p>21. Name of jury</p>		<p>22. Name of jury</p>	
<p>23. Name of jury</p>		<p>24. Name of jury</p>	
<p>25. Name of jury</p>		<p>26. Name of jury</p>	
<p>27. Name of jury</p>		<p>28. Name of jury</p>	
<p>29. Name of jury</p>		<p>30. Name of jury</p>	
<p>31. Name of jury</p>		<p>32. Name of jury</p>	
<p>33. Name of jury</p>		<p>34. Name of jury</p>	
<p>35. Name of jury</p>		<p>36. Name of jury</p>	
<p>37. Name of jury</p>		<p>38. Name of jury</p>	
<p>39. Name of jury</p>		<p>40. Name of jury</p>	
<p>41. Name of jury</p>		<p>42. Name of jury</p>	
<p>43. Name of jury</p>		<p>44. Name of jury</p>	
<p>45. Name of jury</p>		<p>46. Name of jury</p>	
<p>47. Name of jury</p>		<p>48. Name of jury</p>	
<p>49. Name of jury</p>		<p>50. Name of jury</p>	
<p>51. Name of jury</p>		<p>52. Name of jury</p>	
<p>53. Name of jury</p>		<p>54. Name of jury</p>	
<p>55. Name of jury</p>		<p>56. Name of jury</p>	
<p>57. Name of jury</p>		<p>58. Name of jury</p>	
<p>59. Name of jury</p>		<p>60. Name of jury</p>	
<p>61. Name of jury</p>		<p>62. Name of jury</p>	
<p>63. Name of jury</p>		<p>64. Name of jury</p>	
<p>65. Name of jury</p>		<p>66. Name of jury</p>	
<p>67. Name of jury</p>		<p>68. Name of jury</p>	
<p>69. Name of jury</p>		<p>70. Name of jury</p>	
<p>71. Name of jury</p>		<p>72. Name of jury</p>	
<p>73. Name of jury</p>		<p>74. Name of jury</p>	
<p>75. Name of jury</p>		<p>76. Name of jury</p>	
<p>77. Name of jury</p>		<p>78. Name of jury</p>	
<p>79. Name of jury</p>		<p>80. Name of jury</p>	
<p>81. Name of jury</p>		<p>82. Name of jury</p>	
<p>83. Name of jury</p>		<p>84. Name of jury</p>	
<p>85. Name of jury</p>		<p>86. Name of jury</p>	
<p>87. Name of jury</p>		<p>88. Name of jury</p>	
<p>89. Name of jury</p>		<p>90. Name of jury</p>	
<p>91. Name of jury</p>		<p>92. Name of jury</p>	
<p>93. Name of jury</p>		<p>94. Name of jury</p>	
<p>95. Name of jury</p>		<p>96. Name of jury</p>	
<p>97. Name of jury</p>		<p>98. Name of jury</p>	
<p>99. Name of jury</p>		<p>100. Name of jury</p>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9360
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA V. TISDALE

2. DATE
OF
DEATH

Oct. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

6904 Conley Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-05

D. STREET ADDRESS (If rural, give location)

6904 Conley Street

C. Length of stay in Baltimore Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 31, 1896

9. AGE (In years last birthday)

56

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Stumpf

14. MOTHER'S MAIDEN NAME

Katherine Wolf

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

216-07-7655

17. INFORMANT

6904 Conley Street Mr. Lavin H. Tisdale

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

3 mo

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Multiple sclerosis of unknown etiology

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Carcinoma of cervix

1 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/12/52, to 10/10/52, 1952, that I last saw the deceased alive on 10/5/52, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

10/13/52

Moreland Memorial Cem. Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S ADDRESS

OCT 14 1952

Huntington Wm.

BALTO., 13, MD.

George F. Sander

MEDICAL CERTIFICATION
Physicians: please write the cause of death in the space provided. If death is especially important, correct as is especially important.

100-100000

CONTINUED FROM PREVIOUS PAGE

100-100000

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543

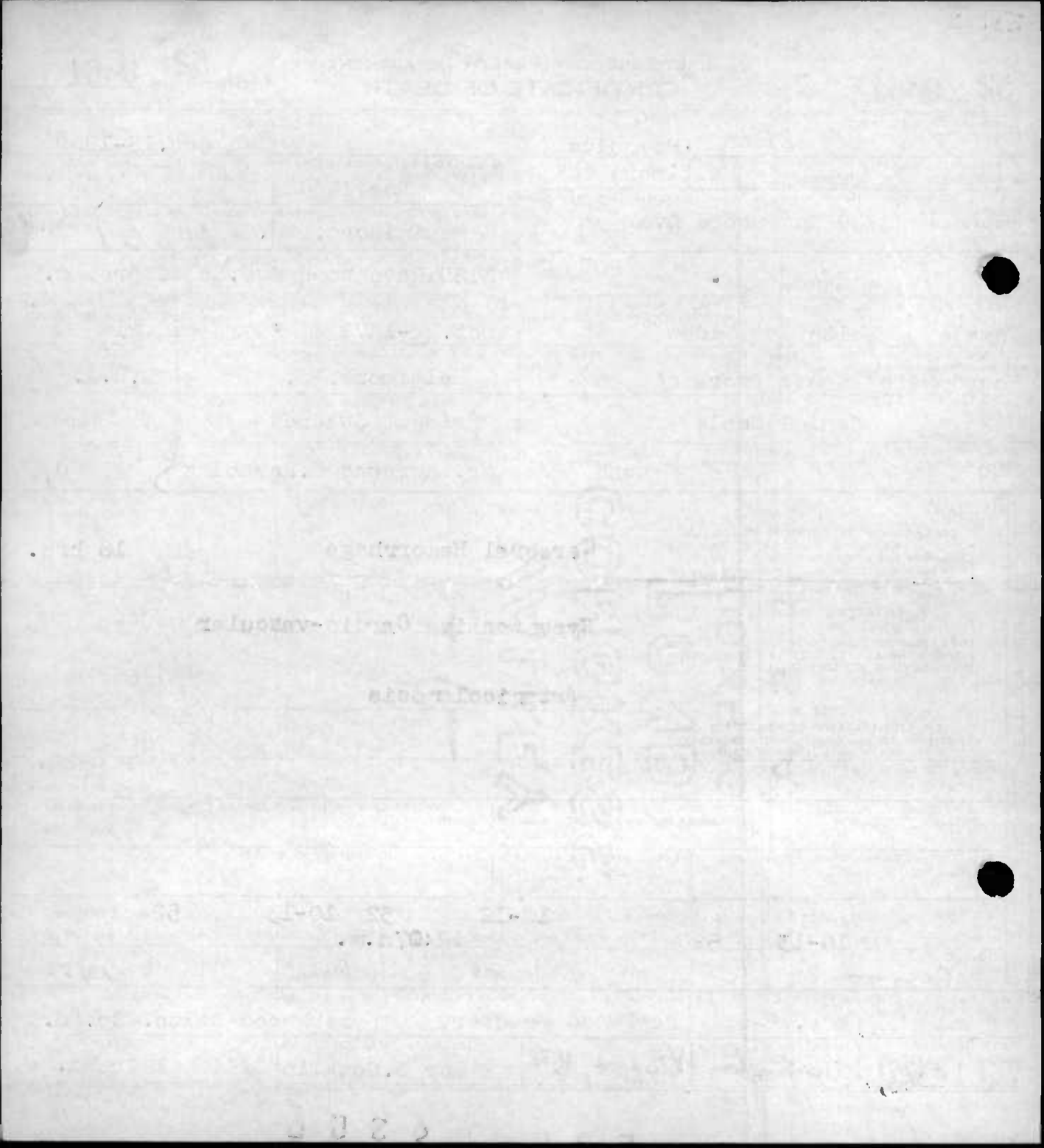
52 9361
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9361
Registered No.

1. NAME OF DECEASED (Type or Print) Ellen A. Reynolds			2. DATE OF DEATH Oct. 13-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 3139 Ravenwood Ave.			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. 8-01		
7. Length of stay in Baltimore 80 Yrs. Mos. Days			8. STREET ADDRESS (If rural, give location) 3139 Ravenwood Ave. Baltimore, Md.		
9. SEX Female	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	12. DATE OF BIRTH Oct. 22-1871	13. AGE (In years last birthday) 80yrs	14. Under 1 Year Months Days 11 21
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife house			16. KIND OF BUSINESS OR INDUSTRY work at home		
17. BIRTHPLACE (State or foreign country) Baltimore, Md.			18. CITIZEN OF WHAT COUNTRY? U.S.A.		
19. FATHER'S NAME Daniel Healey			20. MOTHER'S MAIDEN NAME Bridget Sweeney		
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			22. SOCIAL SECURITY NO. none		
23. INFORMANT Mr. Lawrence P. Reynolds			24. ADDRESS		

18. 443X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral Hemorrhage		18 hrs.	
DUE TO		(B) Hypertensive Cardio-vascular			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Arterioclerosis			
DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-12 , 19 52 to 10-13 , 19 52 that I last saw the deceased alive on 10-13 , 19 52 , and that death occurred at 12:07 a.m. from the causes and on the date stated above.					
23A. SIGNATURE <i>Regina J. Riley</i>		23B. ADDRESS 840 Park Avenue		23C. DATE SIGNED 10/13/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 16-52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
				24D. LOCATION (City, town, or county) (State) Parkwood Balto. Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 14 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR Elmer W. Conklin	
				ADDRESS 5444 Belair Rd.	

5 2 0 0 0 9 3 5 6



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9362
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Thomas Lascuola</i>		2. DATE OF DEATH <i>Oct. 11, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Baltimore General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>28-02</i>	
D. LENGTH OF STAY IN BALTIMORE <i>43</i>		E. STREET ADDRESS (If rural, give location) <i>5321 Kernpark Ave. # 7</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 4, 1888</i>
9. AGE (In years last birthday) <i>53</i>		10. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
11. BIRTHPLACE (State or foreign country) <i>Italy</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Frank Lascuola</i>		14. MOTHER'S MAIDEN NAME <i>Consuetta Suiro</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>219-30-6854</i>	
17. INFORMANT		ADDRESS	

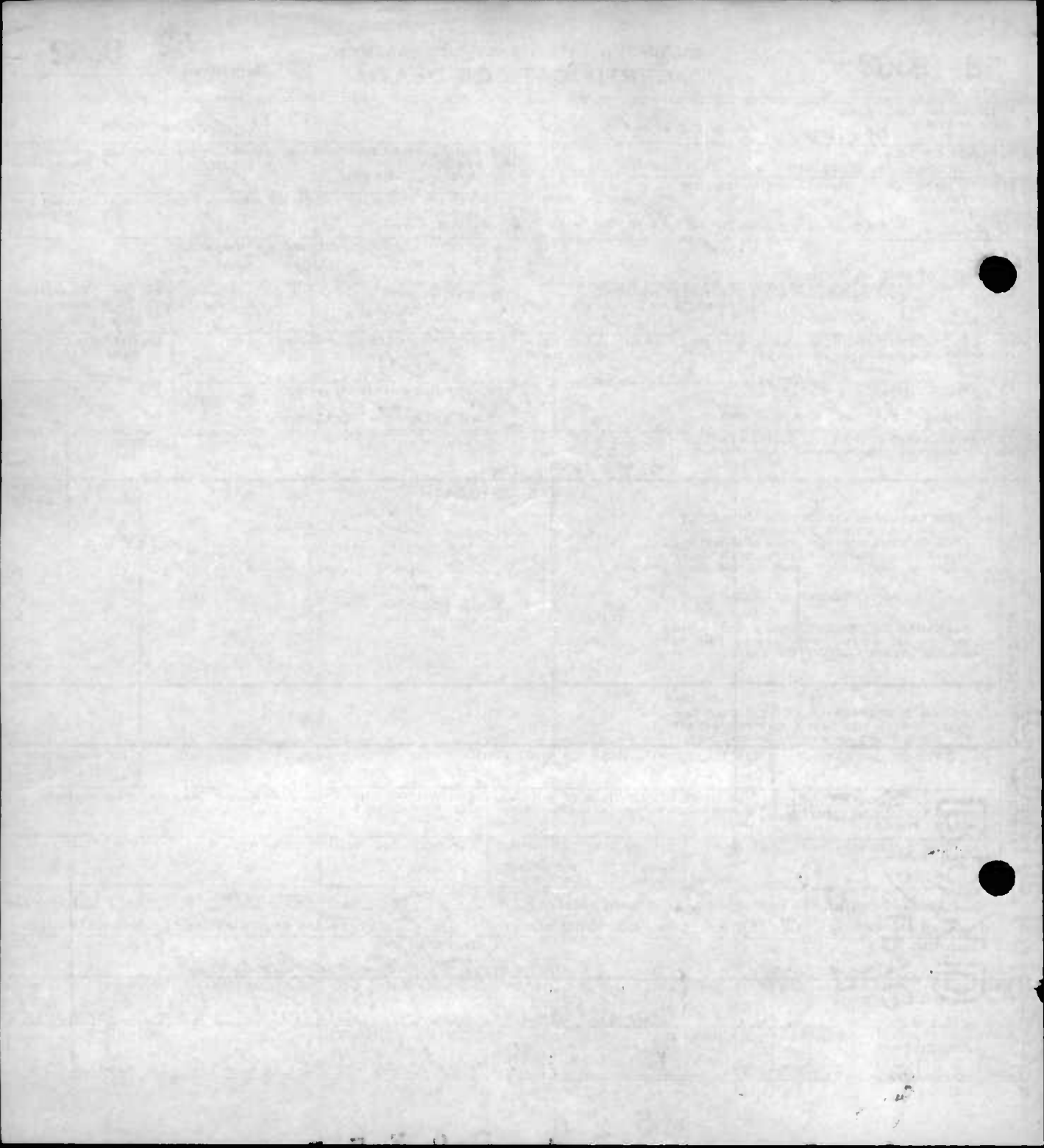
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Coronary thrombosis - possible myocardial infarction.</i>		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *9:45 AM 10/11/52*, 19*52*, to *5:15 PM 10/11*, 19*52*, that I last saw the deceased alive on *5:15 PM 10/11/52*, and that death occurred at *5:15 P* m., from the causes and on the date stated above.

23A. SIGNATURE <i>W. W. Conway</i>		23B. ADDRESS <i>South Baltimore Gen Hosp</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 16-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		25. FUNERAL DIRECTOR <i>Joseph S. S. Inc.</i>		ADDRESS <i>712-14 E. North Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 14 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

1952 2906A



530

52 9363

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9363

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BETTY BENNETT			2. DATE OF DEATH 13 Oct 52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY —		
B. FULL NAME OF HOSPITAL OR INSTITUTION MARVLAND GENERAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 14-01		
Length of stay in Baltimore 25 Yrs. <input checked="" type="checkbox"/> Mos. <input type="checkbox"/> Days <input type="checkbox"/>			D. STREET ADDRESS (If rural, give location) 16 04 PARK AVE #17		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 12, 1898		9. AGE (In years last birthday) 54
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apartment House Operator			10B. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) N.Y.
13. FATHER'S NAME FRANCIS SPARON			14. MOTHER'S MAIDEN NAME BOLLY A. MILLER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) —			16. SOCIAL SECURITY NO. —		
17. INFORMANT DAUGHTER			ADDRESS —		

18. 199.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ABDOMINAL HEMORRAGE DUE TO ABDOMINAL HEMORRAGE		INTERVAL BETWEEN ONSET AND DEATH 2 HRS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CARCINOMATOSIS (ABDOMINAL) DUE TO CARCINOMATOSIS (ABDOMINAL)		1 (YR)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —		

19A. DATE OF OPERATION DEC 5/52		19B. MAJOR FINDINGS OF OPERATION PERVIC CARCINOMA & METASTASES		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH NO		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY —		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? —	
22. I hereby certify that I attended the deceased from 9-3-52 , 19__, to 10-13-52 , 19__, that I last saw the deceased alive on 10-12-52 , 19__, and that death occurred at 12:00 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE John A. Smith		23B. ADDRESS M.D. Ind. Gen. Hosp.		23C. DATE SIGNED 10-13-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/15/52		24C. NAME OF CEMETERY OR CREMATORY London Park Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1952			
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 St. Paul St.			

VS 150

1956987409300

MEDICAL CERTIFICATION

WILLIAM

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9384
Registered No.

52 9384
BIRTH NO.

1. NAME OF DECEASED (Type or Print) DORIS CALLAHAN			2. DATE OF DEATH 10-11-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DOCTORS Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-02		
Length of stay in Baltimore 7 yrs			D. STREET ADDRESS (If rural, give location) 1129 E. Baltimore St		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2/19/1916		9. AGE (In years last birthday) 36
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W		10B. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Va		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry C. Copfield			14. MOTHER'S MAIDEN NAME Maudie Howell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Informant Box 125 Hanover Rd. Daisy Gaddock Hanover Rd.			

18. 602X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH Uremia	INTERVAL BETWEEN ONSET AND DEATH 48 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO Hydronephrosis severe	8 months
	(B) DUE TO Nephrolithiasis of rt kidney -	7 yrs
	(C) Pyelo-Nephritis 3 months	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Absence of left kidney acquired 7 yrs		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June, 1948 to Oct 11, 1952, that I last saw the deceased alive on 10-11, 1952, and that death occurred at 10⁰⁵ p.m., from the causes and on the date stated above.

23A. SIGNATURE M. Miller		23B. ADDRESS 1613 E Baltimore St		23C. DATE SIGNED Oct 11, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/14/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 14 1952		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D. & Son, Inc. 1217 St. Paul st.		

300

52 9385

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9385

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Effie G. White			2. DATE OF DEATH Oct. 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Carroll County		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 901 Colwell Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bachman's Valley Carroll County		
c. Length of stay in Baltimore Yrs. Mos. Days 5600			D. STREET ADDRESS (If rural, give location)		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 17, 1879		9. AGE (in years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Carroll County, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Colwell			14. MOTHER'S MAIDEN NAME Emily J. Franklin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs Vernon Morris, 901 Colwell Road		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis	CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct. 9, 1952**, to **Oct. 11, 1952**, that I last saw the deceased alive on **Oct. 11, 1952**, and that death occurred at **9:00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Maurice E. Shamus	23B. ADDRESS 3300 N. North Ave	23C. DATE SIGNED 10/11/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/14/52	24C. NAME OF CEMETERY OR CREMATORY Morgan Chapel
24D. LOCATION (City, town, or county) Carroll County, Md.		(State)

DATE RECEIVED BY LOCAL REGISTRAR Oct 14 1952	REGISTRAR'S SIGNATURE Thurston Williams, Jr.	25. FUNERAL DIRECTOR W. Cook Inc	ADDRESS 1217 S. Coul St
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CERTIFICATE OF DEATH

1911, 11, 25

1911, 11, 25

Married

1911, 11, 25

1911, 11, 25

1911, 11, 25

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362
52 9386BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9386

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise Waters

2. DATE
OF
DEATHOct. 6th 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 908 McKean Ave

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

908 McKean Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-04

D. STREET ADDRESS (If rural, give location)

908 McKean Ave.

Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Domestic

13. FATHER'S NAME

French Bouldin

8. DATE OF BIRTH

7-7-89

9. AGE (In years last birthday)

63 yrs.

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

11. BIRTHPLACE (State or foreign country)

Charlotte Co. Va.

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Sarah ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Med. Care Clinic University Hospital

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

Chronic Hypertensive C. V. D.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Nephrosclerosis + Albuminuria

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 4th, 1952 to Oct. 6th, 1952, that I last saw the deceased alive on Oct. 6th, 1952, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

C. Mansell Lawrence M. O.

1033 W. Lawrence St.

Oct. 7, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-14-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Arburn

24D. LOCATION (City, town, or county)

Baltimore City

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 14 1952

Huntington Williams, M.D.

Wm A. Jackson

916 Penna Ave

VS 150

957200A 9361

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VETERINARY MEDICINE
OFFICE OF THE CHIEF VETERINARY MEDICAL OFFICER

1. Name of Animal		2. Sex		3. Age	
4. Breed		5. Color		6. Markings	
7. Date of Birth		8. Date of Examination		9. Name of Owner	
10. Address		11. City		12. State	
13. Occupation		14. Purpose of Examination		15. Remarks	
16. Signature of Veterinarian		17. Signature of Owner		18. Date of Examination	
19. Name of Animal		20. Sex		21. Age	
22. Breed		23. Color		24. Markings	
25. Date of Birth		26. Date of Examination		27. Name of Owner	
28. Address		29. City		30. State	
31. Occupation		32. Purpose of Examination		33. Remarks	
34. Signature of Veterinarian		35. Signature of Owner		36. Date of Examination	
37. Name of Animal		38. Sex		39. Age	
40. Breed		41. Color		42. Markings	
43. Date of Birth		44. Date of Examination		45. Name of Owner	
46. Address		47. City		48. State	
49. Occupation		50. Purpose of Examination		51. Remarks	
52. Signature of Veterinarian		53. Signature of Owner		54. Date of Examination	
55. Name of Animal		56. Sex		57. Age	
58. Breed		59. Color		60. Markings	
61. Date of Birth		62. Date of Examination		63. Name of Owner	
64. Address		65. City		66. State	
67. Occupation		68. Purpose of Examination		69. Remarks	
70. Signature of Veterinarian		71. Signature of Owner		72. Date of Examination	
73. Name of Animal		74. Sex		75. Age	
76. Breed		77. Color		78. Markings	
79. Date of Birth		80. Date of Examination		81. Name of Owner	
82. Address		83. City		84. State	
85. Occupation		86. Purpose of Examination		87. Remarks	
88. Signature of Veterinarian		89. Signature of Owner		90. Date of Examination	
91. Name of Animal		92. Sex		93. Age	
94. Breed		95. Color		96. Markings	
97. Date of Birth		98. Date of Examination		99. Name of Owner	
100. Address		101. City		102. State	
103. Occupation		104. Purpose of Examination		105. Remarks	
106. Signature of Veterinarian		107. Signature of Owner		108. Date of Examination	

52 9367

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 9367

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) JOHN WILBUR HEISSE, SR. (COLONEL)		2. DATE OF DEATH 10/12/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE, 12. 27-12	
Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 220 GOODALE ROAD	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 30, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ARMY OFFICER		10B. KIND OF BUSINESS OR INDUSTRY INSURANCE	9. AGE (In years, last birthday) 58
13. FATHER'S NAME EDWIN HEISSE		11. BIRTHPLACE (State or foreign country) BALTIMORE MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES W.W.-#1 and 2		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 219-30-7033		14. MOTHER'S MAIDEN NAME DELLA MILLER	
17. INFORMANT MRS. KATHLEEN H. HEISSE (WIFE)		18. ADDRESS WIFE 220 GOODALE ROAD, BALTO, MD	

MEDICAL CERTIFICATION

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) UPPER ABDOMINAL PAIN		INTERVAL BETWEEN ONSET AND DEATH 6 WEEKS
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIOSCLEROTIC HEART DISEASE		
DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. MYOCARDIAL INSUFFICIENCY		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **SEPTEMBER 9, 1952** to **OCTOBER 12, 1952**, that I last saw the deceased alive on **OCTOBER 12, 1952**, and that death occurred at **8:25** m., from the causes and on the date stated above.

23A. SIGNATURE Georgia Reynolds	23B. ADDRESS Union Memorial Hospital	23C. DATE SIGNED 10/12/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct-14-1952	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery
24D. LOCATION (City, town, or county) (State) Pikesville, Maryland	25. FUNERAL DIRECTOR STEWART + MOWEN Co. 108 W. North Ave	
DATE RECEIVED BY LOCAL REGISTRAR OCT 14 1952	REGISTRAR'S SIGNATURE Huntington	

VS 150

1 9 55295 9/10 9 3 6 2 City #1.

See Document file for two letters.
First from Record Librarian Eunice A. Noble, Union Memorial Hospital
enclosing directive carbon addressed to Mr. Paul E. Hussey, Director
Claims Service, Veterans Admn. signed by Mr. Carroll D. Hill, Director, Union Mem
correcting certificate on the advice of Dr. Robert W. Garis, Member, Visiting Staff
Union Memorial Hospital

2/18/53 ES

52 9368

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9368

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel Carter

2. DATE
OF
DEATH

Oct. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1611 Latrobe St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1611 Latrobe St.

Length of stay in Baltimore

25 Years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

Mar. 15, 1872

9. AGE (In years
last birthday)

80

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Rice Carter

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

?

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

Mary Harvin

ADDRESS

1611 Latrobe St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial infarction

1 Day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Coronary Heart Disease

DUE TO

(C)

Atherosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 20, 1952, to Oct. 11, 1952, that I last saw the
deceased alive on Oct. 10, 1952 and that death occurred at 1A m., from the causes and on the date stated above.

23A. SIGNATURE

F. K. C. Jones

23B. ADDRESS

1222 N. Caroline St.

23C. DATE SIGNED

10-13-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

A.A. County, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

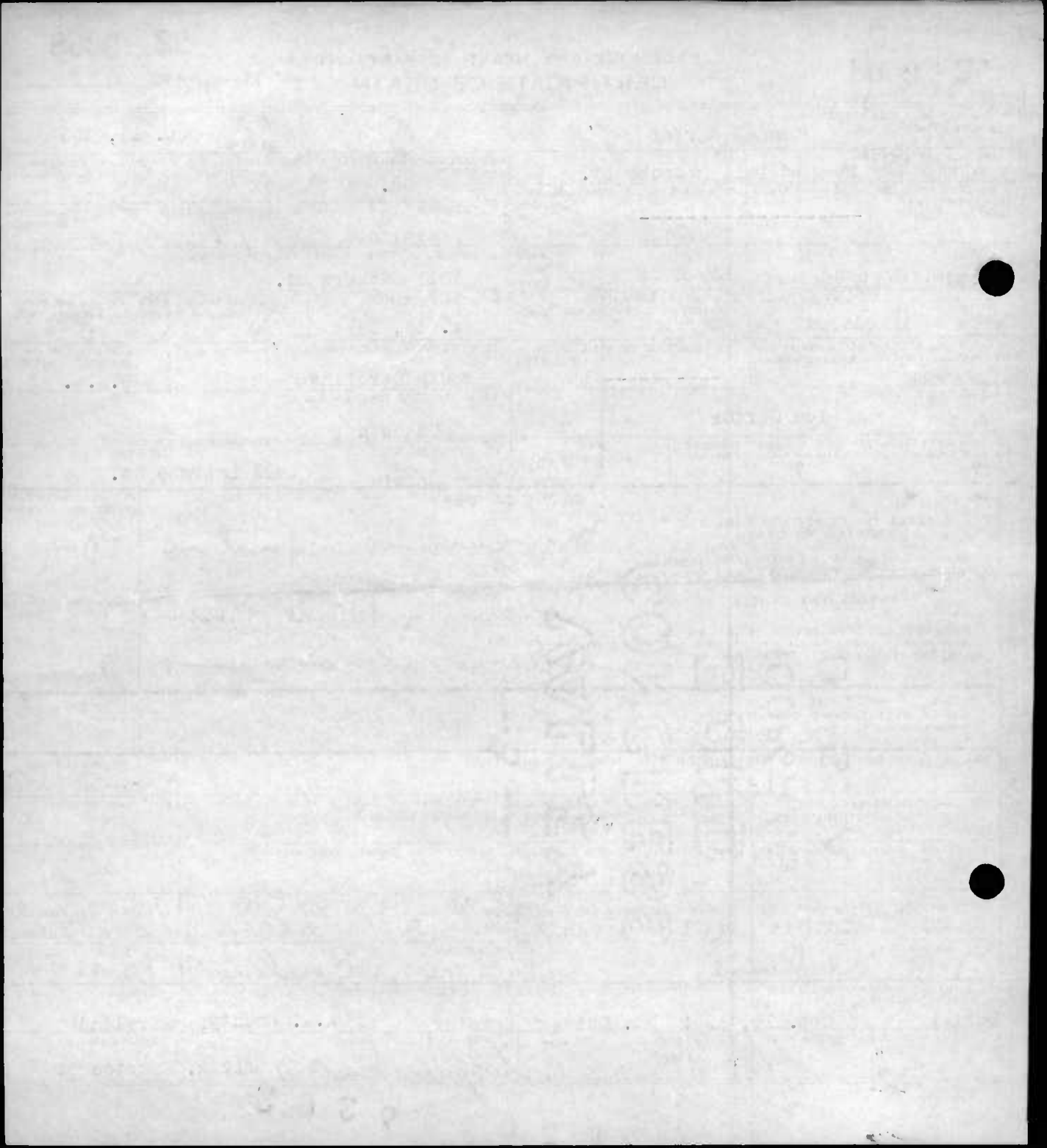
ADDRESS

VS 150.

Rayner Sanders

217 E. Preston St

MEDICAL CERTIFICATION



50

52 9369

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9369

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Willie Green

2. DATE
OF
DEATH

Oct. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

712 Madison Ave.

C. Length of stay in Baltimore

20 Years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6-1-1913

9. AGE (In years
last birthday)

39

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Willie Green Sr

14. MOTHER'S MAIDEN NAME

Martha Mallory

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

?

(If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Beatrice Green

712 Madison Ave.

18.

592X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Chronic Glomerulonephritis?

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 8 1952 to Oct. 10, 1952, that I last saw the
deceased alive on Oct 1, 1952, and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. K. Adams

M. D.

23B. ADDRESS

1222 N. Caroline St

23C. DATE SIGNED

10-18-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

A.A. County, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

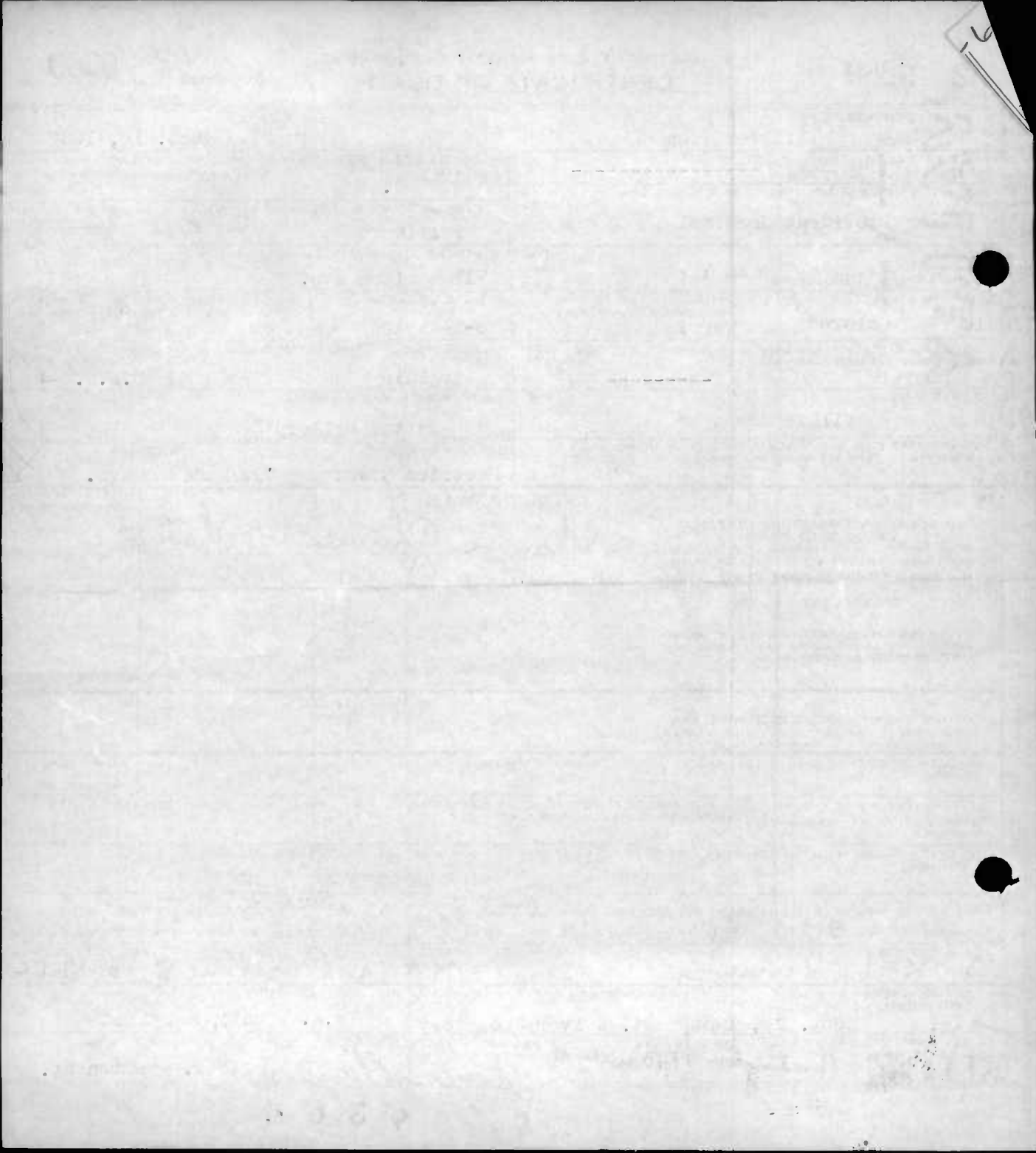
25. FUNERAL DIRECTOR

ADDRESS

Rayner Sanders 217 E. Preston St.

VS 150

1 9 592 099 0 9 3 6 4



52 9370

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9370

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine A. Connolly

2. DATE

OF

DEATH October 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4293 Falls Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

O. STREET ADDRESS (If rural, give location)

4293 Falls Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 19, 1899

9. AGE (In years last birthday)

53

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seamstress

10B. KIND OF BUSINESS OR INDUSTRY

Uniform

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?
U S A

13. FATHER'S NAME

Patrick T. O'Connell

14. MOTHER'S MAIDEN NAME

Mary C. Becker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

218-28-1217

17. INFORMANT

ADDRESS

Ellwood Connolly 4293 Falls Road

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebro-Vasc. Accident 1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1949 to Oct 11, 1952 that I last saw the deceased alive on Oct 10, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

24D. LOCATION (City, town, or county)

Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

VS 150

Horace F. Burgee

5151-23-348



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9371
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) GEORGE HENRY KELLER			2. DATE OF DEATH Oct. 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4914 Cordelia Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 4914 Cordelia Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 1, 1879		9. AGE (In years last birthday) 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retd. Mechanic & Salesman			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Mayberry Keller			14. MOTHER'S MAIDEN NAME Frances Dudrow		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Miss Hazel Keller-4914 Cordelia Ave.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Broncho-pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis (C.V. disease)		5 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		21F. HOW DID INJURY OCCUR? _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from **May 5, 1952**, to **Oct. 12, 1952**, that I last saw the deceased alive on **Oct 12, 1952** and that death occurred at **8:45 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Thornel Leim	23B. ADDRESS 1818 Reisterstown Rd	23C. DATE SIGNED Oct 14/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/15/52	24C. NAME OF CEMETERY OR CREMATORY Lorraine Mausoleum	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
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DATE RECEIVED BY LOCAL REGISTRAR OCT 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Pickner & Sons	ADDRESS Balto 17, Md.
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15-0000

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of jury		12. Signature of witnesses	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of cremation		19. Signature of other		20. Signature of other	
21. Signature of other		22. Signature of other		23. Signature of other		24. Signature of other	
25. Signature of other		26. Signature of other		27. Signature of other		28. Signature of other	
29. Signature of other		30. Signature of other		31. Signature of other		32. Signature of other	
33. Signature of other		34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other		40. Signature of other	
41. Signature of other		42. Signature of other		43. Signature of other		44. Signature of other	
45. Signature of other		46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other		52. Signature of other	
53. Signature of other		54. Signature of other		55. Signature of other		56. Signature of other	
57. Signature of other		58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other		64. Signature of other	
65. Signature of other		66. Signature of other		67. Signature of other		68. Signature of other	
69. Signature of other		70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other		76. Signature of other	
77. Signature of other		78. Signature of other		79. Signature of other		80. Signature of other	
81. Signature of other		82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other		88. Signature of other	
89. Signature of other		90. Signature of other		91. Signature of other		92. Signature of other	
93. Signature of other		94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other		100. Signature of other	

400

52 9372

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9372
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VERONICA M. TULLY

2. DATE
OF
DEATH

Oct. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4201 Falls Road - Apt. 2

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4201 Falls Rd.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr. 23, 1898

9. AGE (in years;
last birthday)

54

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Missouri

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jeremia McGrath

14. MOTHER'S MAIDEN NAME

Margaret Highland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Miss Veronica M. Tully-4201 Falls Rd.

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 18, 1952, to Oct 11, 1952, that I last saw the
deceased alive on Oct 11, 1952, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/15/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 14 1952

Huntington W. H. H. H.

Chas. J. Vickner & Sons

Balto 17, Md.

VS 150

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
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85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

52 9373

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9373
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALFRED J. TINLEY

2. DATE
OF
DEATH

Oct. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3701 Garrison Blvd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3701 Garrison Blvd.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Aug. 2, 1862

9. AGE (In years
last birthday)

90

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mfrgr.

10B. KIND OF BUSINESS OR
INDUSTRY

Sash Doors & Blinds

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick G. Tinley

14. MOTHER'S MAIDEN NAME

Mary Spain

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Miss Edna Tinley - 3701 Garrison Blvd.

18.

447X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

arterio sclerosis
age & hypertension

- yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1952 to Oct 11, 1952 that I last saw the
deceased alive on 10-11-1952 and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

G. B. Sutor

M. D.

23B. ADDRESS

7201 York Rd

23C. DATE SIGNED

10-13-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

10/14/42

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington WH

25. FUNERAL DIRECTOR

Wm. J. Tickner & Sons

ADDRESS

VS 150.

19520009360 Balto. 17, Md.

MEDICAL CERTIFICATION

3 1 3 2

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9374**

BIRTH NO. **52 9374**

1. NAME OF DECEASED (Type or Print) MARY ELLEN BOWERS		2. DATE OF DEATH Oct. 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY 20-02	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 2562 W. Fairmont Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2562 W. Fairmont Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Apr. 11, 1858
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 94
13. FATHER'S NAME Thomas Brown		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? Maryland	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Mr. Herbert L. Bowers-1874 Yakona Rd.		ADDRESS	

18. 422.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarditis DUE TO (A) _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture Rt Hip		years

19A. DATE OF OPERATION 10/15/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Oct 1, 1951 , to Oct 12, 1952 , that I last saw the deceased alive on Oct 12, 1952 , and that death occurred at 8 A. m. , from the causes and on the date stated above.				
23A. SIGNATURE J. Mendele		23B. ADDRESS 651 N. Bentalon		23C. DATE SIGNED 11-13-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/15/52	24C. NAME OF CEMETERY OR CREMATORY Western Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Vickner & Sons		

MEDICAL CERTIFICATION

THIS SPACE IS FOR USE BY THE CLERK OF THE HEALTH DEPARTMENT

620

52 9374 936 Balto. 17, Md.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Coroner		13. Signature of Medical Examiner		14. Signature of Health Officer		15. Signature of Burial Officer	
16. Signature of Undertaker		17. Signature of Funeral Home		18. Signature of Cemetery		19. Signature of Burial Place		20. Signature of Burial Date	
21. Signature of Burial Time		22. Signature of Burial Location		23. Signature of Burial Direction		24. Signature of Burial Orientation		25. Signature of Burial Orientation	
26. Signature of Burial Orientation		27. Signature of Burial Orientation		28. Signature of Burial Orientation		29. Signature of Burial Orientation		30. Signature of Burial Orientation	
31. Signature of Burial Orientation		32. Signature of Burial Orientation		33. Signature of Burial Orientation		34. Signature of Burial Orientation		35. Signature of Burial Orientation	
36. Signature of Burial Orientation		37. Signature of Burial Orientation		38. Signature of Burial Orientation		39. Signature of Burial Orientation		40. Signature of Burial Orientation	
41. Signature of Burial Orientation		42. Signature of Burial Orientation		43. Signature of Burial Orientation		44. Signature of Burial Orientation		45. Signature of Burial Orientation	
46. Signature of Burial Orientation		47. Signature of Burial Orientation		48. Signature of Burial Orientation		49. Signature of Burial Orientation		50. Signature of Burial Orientation	
51. Signature of Burial Orientation		52. Signature of Burial Orientation		53. Signature of Burial Orientation		54. Signature of Burial Orientation		55. Signature of Burial Orientation	
56. Signature of Burial Orientation		57. Signature of Burial Orientation		58. Signature of Burial Orientation		59. Signature of Burial Orientation		60. Signature of Burial Orientation	
61. Signature of Burial Orientation		62. Signature of Burial Orientation		63. Signature of Burial Orientation		64. Signature of Burial Orientation		65. Signature of Burial Orientation	
66. Signature of Burial Orientation		67. Signature of Burial Orientation		68. Signature of Burial Orientation		69. Signature of Burial Orientation		70. Signature of Burial Orientation	
71. Signature of Burial Orientation		72. Signature of Burial Orientation		73. Signature of Burial Orientation		74. Signature of Burial Orientation		75. Signature of Burial Orientation	
76. Signature of Burial Orientation		77. Signature of Burial Orientation		78. Signature of Burial Orientation		79. Signature of Burial Orientation		80. Signature of Burial Orientation	
81. Signature of Burial Orientation		82. Signature of Burial Orientation		83. Signature of Burial Orientation		84. Signature of Burial Orientation		85. Signature of Burial Orientation	
86. Signature of Burial Orientation		87. Signature of Burial Orientation		88. Signature of Burial Orientation		89. Signature of Burial Orientation		90. Signature of Burial Orientation	
91. Signature of Burial Orientation		92. Signature of Burial Orientation		93. Signature of Burial Orientation		94. Signature of Burial Orientation		95. Signature of Burial Orientation	
96. Signature of Burial Orientation		97. Signature of Burial Orientation		98. Signature of Burial Orientation		99. Signature of Burial Orientation		100. Signature of Burial Orientation	

52 9375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9375
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

TIMOTHY SIMMS

2. DATE
OF
DEATH

10/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

8-07

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1628 E. BIDDLE ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

C. Length of stay in Baltimore

30

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1628 E. BIDDLE ST.

5. SEX

M

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Oct. 31, 1921

9. AGE (In years last birthday)

30

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

ROBERT SIMMS

14. MOTHER'S MAIDEN NAME

MINNIE COLEMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

PRICE MILLS - 30 - 2 KUCHENSTADT

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

PULMONARY HEMORRAGE

INTERVAL BETWEEN ONSET AND DEATH

STAT

ANTECEDENT CAUSES

DUE TO

PULM. TBC

NOT KNOWN

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 30, 1952, to OCT. 10, 1952, that I last saw the deceased alive on SEPT. 30, 1952, and that death occurred at 7 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Williams Jr.

23B. ADDRESS

1113 N. CAROLINE ST.

23C. DATE SIGNED

10/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 14 1952

Huntington Williams

Mrs. R. G. Elliott & Daughter

VS 150

1952-0020-1628 MO Caroline St

MEDICAL CERTIFICATION

100

100

100

100

100

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-620

52 9376

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9376

Registered No.

BIRTH NO. M.L.B. 13122

1. NAME OF DECEASED
(Type or Print)

Gross, John

2. DATE
OF
DEATH

10-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Hospitals

4940 Eastern Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

4940 Eastern Ave.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

2-28-1877

9. AGE (In years
last birthday)

75 yrs

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Sam Gross

14. MOTHER'S MAIDEN NAME

Fannie Gross

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMATION ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave

18. 521X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Lung Abscess

DUE TO

4 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 4-9-1932 to 10-12-1952, that I last saw the
deceased alive on 10-12-52, 1952, and that death occurred at 2:00 AM from the causes and on the date stated above.

23A. SIGNATURE

H. C. Jones, Jr.

M. D.

23B. ADDRESS

4940 Eastern Ave

23C. DATE SIGNED

10-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 14 1952

Huntington Williams, M.D.

Mrs. Robert G. Edwards, Jr.

VS-150

MEDICAL CERTIFICATION

52 9376 109577 Caroline St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Medical Examiner		13. Signature of Coroner		14. Signature of Jury		15. Signature of Witnesses	
16. Signature of Burial Officer		17. Signature of Undertaker		18. Signature of Funeral Home		19. Signature of Cemetery		20. Signature of Burial Place	
21. Signature of Burial Place		22. Signature of Burial Place		23. Signature of Burial Place		24. Signature of Burial Place		25. Signature of Burial Place	
26. Signature of Burial Place		27. Signature of Burial Place		28. Signature of Burial Place		29. Signature of Burial Place		30. Signature of Burial Place	
31. Signature of Burial Place		32. Signature of Burial Place		33. Signature of Burial Place		34. Signature of Burial Place		35. Signature of Burial Place	
36. Signature of Burial Place		37. Signature of Burial Place		38. Signature of Burial Place		39. Signature of Burial Place		40. Signature of Burial Place	
41. Signature of Burial Place		42. Signature of Burial Place		43. Signature of Burial Place		44. Signature of Burial Place		45. Signature of Burial Place	
46. Signature of Burial Place		47. Signature of Burial Place		48. Signature of Burial Place		49. Signature of Burial Place		50. Signature of Burial Place	
51. Signature of Burial Place		52. Signature of Burial Place		53. Signature of Burial Place		54. Signature of Burial Place		55. Signature of Burial Place	
56. Signature of Burial Place		57. Signature of Burial Place		58. Signature of Burial Place		59. Signature of Burial Place		60. Signature of Burial Place	
61. Signature of Burial Place		62. Signature of Burial Place		63. Signature of Burial Place		64. Signature of Burial Place		65. Signature of Burial Place	
66. Signature of Burial Place		67. Signature of Burial Place		68. Signature of Burial Place		69. Signature of Burial Place		70. Signature of Burial Place	
71. Signature of Burial Place		72. Signature of Burial Place		73. Signature of Burial Place		74. Signature of Burial Place		75. Signature of Burial Place	
76. Signature of Burial Place		77. Signature of Burial Place		78. Signature of Burial Place		79. Signature of Burial Place		80. Signature of Burial Place	
81. Signature of Burial Place		82. Signature of Burial Place		83. Signature of Burial Place		84. Signature of Burial Place		85. Signature of Burial Place	
86. Signature of Burial Place		87. Signature of Burial Place		88. Signature of Burial Place		89. Signature of Burial Place		90. Signature of Burial Place	
91. Signature of Burial Place		92. Signature of Burial Place		93. Signature of Burial Place		94. Signature of Burial Place		95. Signature of Burial Place	
96. Signature of Burial Place		97. Signature of Burial Place		98. Signature of Burial Place		99. Signature of Burial Place		100. Signature of Burial Place	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9377

Registered No. _____

52 9377

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Mattie Wilson</i>		2. DATE OF DEATH <i>Oct 12/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>522 N. Dallas St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-05</i>	
c. Length of stay in Baltimore <i>32 years</i> Yrs. <i>32</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>522 N. Dallas St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Sept 11/904 48</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>	
11. BIRTHPLACE (State or foreign country) <i>Augusta Ga</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Orin Pope</i>		14. MOTHER'S MAIDEN NAME <i>Annie Woldridge</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Annie Woldridge</i>		ADDRESS	

18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cancerous Stomach</i>		CAUSE OF DEATH <i>412 N. Eden St</i>	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Oct 1*, 19*52*, to *Oct 12*, 19*52*, that I last saw the deceased alive on *Oct 1*, 19*52*, and that death occurred at *11:30 AM*, from the causes and on the date stated above.

23A. SIGNATURE <i>Dr. H. H. Harris Sr.</i>		23B. ADDRESS <i>1202 N. Conshohocken Rd.</i>		23C. DATE SIGNED <i>Oct 13, 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md</i>	

DATE RECEIVED BY <i>OCT 14 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Choy O. Wilson</i>	
				ADDRESS	

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

IN THE CITY OF BALTIMORE

1912

Name of Deceased		Age		Sex		Race		Color		Religion		Marital Status		Occupation		Cause of Death		Place of Death		Date of Death		Time of Death		Signature of Physician		Signature of Registrar		Signature of Witness	
John Doe		45		Male		White		Caucasian		Roman Catholic		Single		Teacher		Heart Disease		Home		Jan 15 1912		10:30 AM		J. Smith		M. Jones		A. Brown	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9378

BIRTH NO. 52 9378

1. NAME OF DECEASED (Type or Print) MARGARET M. Thomas			2. DATE OF DEATH 10/11/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City B. FULL NAME OF not in hospital or institution, give street address or location Balto. City morgue			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 5-01 D. STREET ADDRESS (If rural, give location) 1403 Ten Pen alley		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Sept. 19, 1916	9. AGE (In years last birthday) 36	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME unknown			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			17. INFORMANT ADDRESS James Cullum 1421 Ten Pen alley		
16. SOCIAL SECURITY NO.			14. MOTHER'S MAIDEN NAME unknown		

18. **161X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Carcinoma of larynx**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER... ☒ ASSISTANT MEDICAL EXAMINER... ☐ MEDICAL INVESTIGATOR... ☐

23C. DATE SIGNED

10/12/5224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

10-15-52

24C. NAME OF CEMETERY OR CREMATORY

Balto. Nat. Cem

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

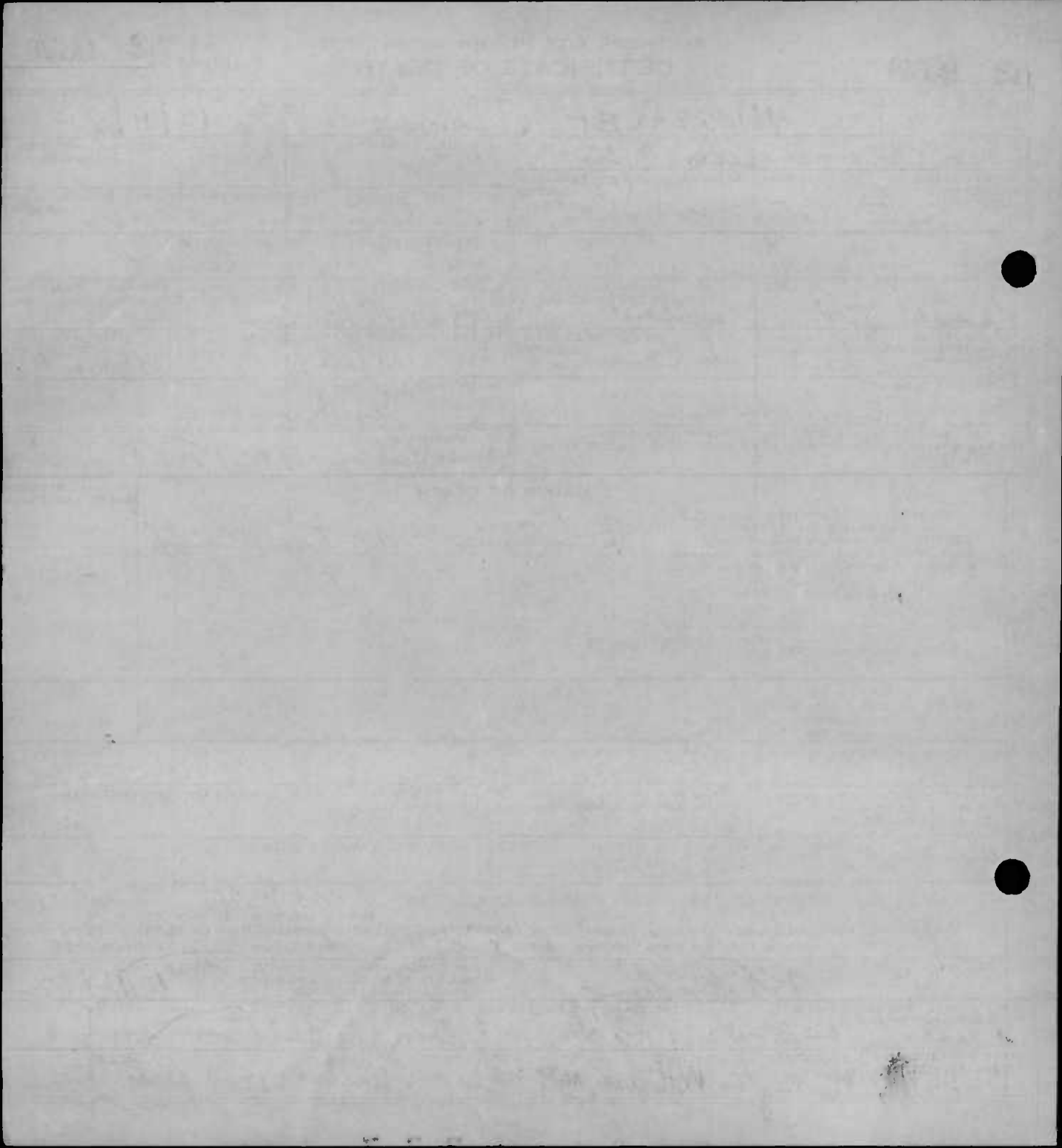
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elroy Williams 1000 Bunting ave

ADDRESS



452
52 9379
VMC-163233BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9379

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Williams, Charles

2. DATE
OF
DEATH

10-9-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1836 Ashland Ave.

c. Length of stay in Baltimore

life

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 25, 1889

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Horace Williams

14. MOTHER'S MAIDEN NAME

Jane

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

NO

#17-22-7651

Records: B. C. H. 4940 Eastern Ave.

18. 600.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Contributory Cause: Pyelonephritis

DUE TO

2 Months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17-1952, to 10-9-1952 that I last saw the
deceased alive on 10-9-1952, and that death occurred at 2:25 Am., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Lusk

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10-14-52

Inf Calvary Cem, Brooklyn Ind

Brooklyn Ind

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, M.D.

Elroy O. Wilson 1000 Buntz

972998 9374

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
INVESTIGATION OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Occupation		Education	
Marital Status		Date of Marriage	
Place of Residence		Date of Residence	
Cause of Death		Manner of Death	
Medical History		Previous Illnesses	
Treatment		Hospitalization	
Autopsy		Toxicology	
Witnesses		Investigator	
Signature		Date	

8780

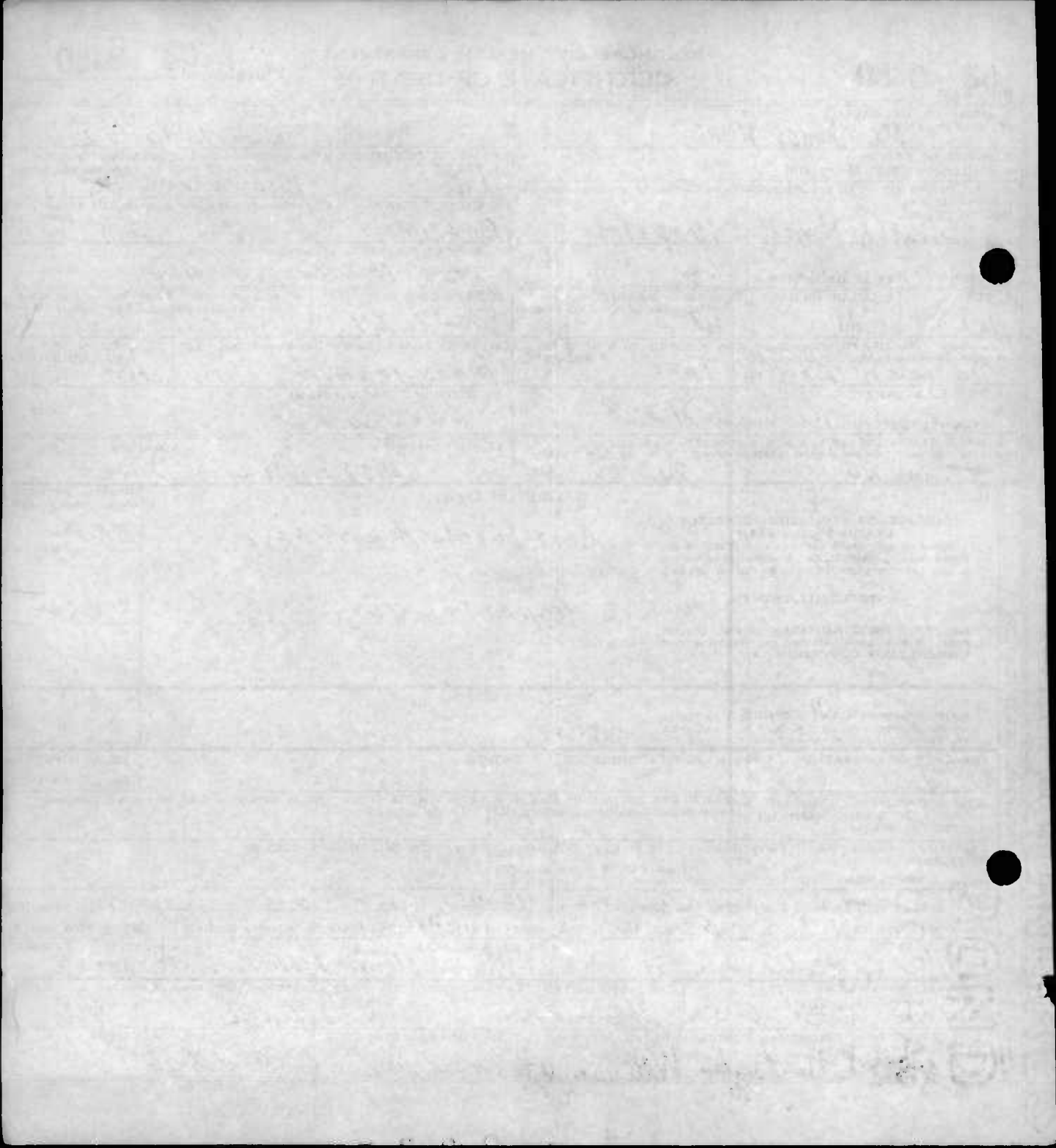
**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9380
Registered No.

400
52 9380
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. Thomas NEAL		2. DATE OF DEATH 10-13-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION 25 Church Home & Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 12-07	
D. STREET ADDRESS (If rural, give location) 2927 HUNTINGTON AVE.		E. LENGTH OF STAY IN BALTIMORE 68 (Yrs. Mos. Days)	
5. SEX WM	6. COLOR OR RACE M W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 3-25-84
9. AGE (In years last birthday) 68		10. UNDER 1 YEAR Months: Days	11. UNDER 24 HOURS Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired DRIVER		10B. KIND OF BUSINESS OR INDUSTRY Taxi	
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME UNKNOWN Richard Neal		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 220-05-7094	
17. INFORMANT SON		ADDRESS 2927 HUNTINGTON DRIVE	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRAL Hemorrhage DUE TO Hypertension		INTERVAL BETWEEN ONSET AND DEATH 35 hrs 5 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OBESITY			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-12 , 19 52 , to 10-13 , 19 52 , that I last saw the deceased alive on 10-13 , 19 52 , and that death occurred at 5:152 m., from the causes and on the date stated above.			
23A. SIGNATURE Chas. C. Collins		23B. ADDRESS Church Home & Hosp.	
23C. DATE SIGNED 10-13			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Oct 16-52	Woodlawn	Baltimore MD
DATE RECEIVED BY LOCAL REGISTRAR OCT 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Frank H. Seitz 814 436 4 St.	

195268254



52 9381

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9381

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. MATILDA A. JOHNSON

2. DATE
OF
DEATH

10-13-52

3. PLACE OF DEATH:
a. Baltimore City, Marylandb. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSP

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

MARYLAND

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 27-38

d. STREET ADDRESS (If rural, give location)

2003 CRESTVIEW RD. (14)

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

AUG. 23, 1895

9. AGE (In years,
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

LOUIS GEORGE WICH

14. MOTHER'S MAIDEN NAME

EMMA DUSTERHOFF

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 2003

Mrs. M. L. Johnson - Crestview

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Atherosclerotic Heart Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1952, to Oct 13, 1952, that I last saw the
deceased alive on 10-13, 1952, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

Union Memorial Hospital

Oct 13, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 14 1952

Huntington Williams, M.D.

J. Kuck 5305 Harford Rd.

INSTITUTION OF DEATH

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W. L. RICHMOND, CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Dr. Donald Mark.
3834 Lake Ave.
6-

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9383
Registered No. _____

452
52 9383
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Charles J. Blankford			2. DATE OF DEATH 10/12/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3404 Windsor Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 88 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3404 Windsor Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 24, 1864		9. AGE (in years last birthday) 88
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Wholesale Comm. Mer.	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jacob Blankford			14. MOTHER'S MAIDEN NAME Elizabeth McIntyre		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. F. J. McDonough 3404 Windsor Ave.		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days
DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
DUE TO		
DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2/24**, 19**45** to **10/12**, 19**52**, that I last saw the deceased alive on **10/11**, 19**52**, and that death occurred at **7a.** m., from the causes and on the date stated above.

22A. SIGNATURE Robert A. Rexter		23B. ADDRESS 3408 Windsor Ave.		23C. DATE SIGNED 10/13/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/14/52		24C. NAME OF CEMETERY OR CREMATORY Lorraine	
				24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	

DATE RECEIVED BY LOCAL REGISTRAR 10/14/52		REGISTRAR'S SIGNATURE Huntington Williams, Md.		25. FUNERAL DIRECTOR ADDRESS W. B. Means & Son 505 N. Calvert St.	
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CERTIFICATE OF DEATH

SAINT LOUIS CITY HEALTH DEPARTMENT

STANDARD FORM NO. 100-10

REVISION OF 1963

U.S. GOVERNMENT PRINTING OFFICE

16-70801-1

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540
52 9384
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9384
Registered No.1. NAME OF DECEASED
(Type or Print)

Rose Finnell

2. DATE
OF
DEATH

Oct 19 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-02

D. STREET ADDRESS (If rural, give location)

821 N. Eden St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-19-1914

9. AGE (in years
last birthday)

38

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

COACH WASHER

10B. KIND OF BUSINESS OR
INDUSTRY

RAILROAD

11. BIRTHPLACE (State or foreign country)

ANGELIS, S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

FRED NICHOLSON

14. MOTHER'S MARDEN NAME

EVELYN SAUERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL
SECURITY NO.

577-32-8310

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 171X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cephalomoid Cx IC. 11

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9 1952 to 10/10 1952 that I last saw the
deceased alive on 10/10 1952 and that death occurred at 7:58 A. M., from the causes and on the date stated above.

23A. SIGNATURE

R. Schumann

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10/10/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10/14/52

24C. NAME OF CEMETERY OR CREMATORY

BALTO. NAT'L. CEMETERY

24D. LOCATION (City, town, or county) (State)

BALTO. MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles Harpew 512 Convent Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

WILLIAM J. HARRIS, JR.

620
52 9385BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9385
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Frank J. Meyers</i>			2. DATE OF DEATH <i>Oct 13, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1218 Patapsco St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>23-02</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1218 Patapsco St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 9, 1887</i>	9. AGE (In years last birthday) <i>65</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Contractor & Builder</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Self employed</i>		
11. BIRTHPLACE (State or foreign country) <i>Balto</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S</i>		
13. FATHER'S NAME <i>John J. Meyers</i>			14. MOTHER'S MAIDEN NAME <i>Mary Blumer</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i> <i>no</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Emma Meyers</i>			ADDRESS <i>1218 Patapsco St</i>		

18. <i>332x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Left + Coronal Thrombosis</i> DUE TO <i>Left + complete thromboses</i> (B) <i>Generalized Arteriosclerosis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>10-15 yr ±</i>
--	--	--

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1947*, 19__, to *10-13-52*, 19__, that I last saw the deceased alive on *10-13-52*, 19__, and that death occurred at *5:30 P* m., from the causes and on the date stated above.

23A. SIGNATURE *Dr. Charles W. D. D.* M. D. 23B. ADDRESS *642 Wash Dld* 23C. DATE SIGNED *10-14-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burned</i>	24B. DATE <i>Oct 16, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Bedon Gbld</i>	24D. LOCATION (City, town, or county) (State) <i>Ar A- 60 Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 14 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	FUNERAL DIRECTOR <i>W. G. Howard</i>	ADDRESS <i>Exms 1405 S Charles</i>

8322

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MINISTRY OF HEALTH

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CERTIFICATE CORRECTED 10/27/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9386

Registered No. _____

420
52 9386
MLB.163429

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) **Holsey, Daisy**

2. DATE
OF
DEATH **10-11-52**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Baltimore City Hospitals 4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

Length of stay in Baltimore **Life**

D. STREET ADDRESS (If rural, give location)
1433 Freeman Ave.

5. SEX
Female

6. COLOR OR RACE
Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
May 23, 1885

9. AGE (In years last birthday)
67 Yrs

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF
USA COUNTRY?

13. FATHER'S NAME
Joseph, Matthews

14. MOTHER'S MAIDEN NAME
Liz.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Baltimore City Hospitals Records: 4940 Eastern Ave

18. **051X and E953.7**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

Uremia

18 days

(A) DUE TO

ANTECEDENT CAUSES

Generalized Penicillin Reaction

20 Days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO **(administered for a sore throat prior to admission to B.C.H.)**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **9-23-52**, 19 **10-11**, 19**52** that I last saw the deceased alive on **10-11**, 19**52** and that death occurred at **1:45 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson

M. D.

23B. ADDRESS
4940 Eastern Ave. Balto Md.

23C. DATE SIGNED
10-12-52

24A. BURIAL, CREMATION, REMOVAL **Burial 10/14/52**

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY **Mt Auburn**

24D. LOCATION (City, town, or county) (State)
Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Prosser St.

VS 150

N-979.0 19527208A **Geo. G. Kelson**

MEDICAL CERTIFICATION

See query reply Document File

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DATE OF DEATH

1901-1902

1901-1902

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9387**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Plunkett

2. DATE
OF
DEATH

10-11-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1816 W. Saratoga St.

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Wgns

7. SINGLE, MARRIED,

WIDOWED / DIVORCED (Specify)

8. DATE OF BIRTH

9-1-1894

9. AGE (in years)

58

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labour

10B. KIND OF BUSINESS OR INDUSTRY

Triangle house

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Red Plunkett

14. MOTHER'S MAIDEN NAME

Caroline -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Robt. Plunkett

ADDRESS

1816 W. Saratoga St.

18. *443X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Essential Hypertension

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cognitive Failure

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-11*, 1952, to *10-11*, 1952, that I last saw the deceased alive on *10-11*, 1952, and that death occurred at *5 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Albert L. Banfield

M.D.

23B. ADDRESS

522 N. Fulton Ave

23C. DATE SIGNED

10-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/16/52

24C. NAME OF CEMETERY OR CREMATORY

Wadsworth

24D. LOCATION (City, town, or county) (State)

Wadsworth N.C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. A. Nelson

ADDRESS

1303

1900

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C.

TO THE SECRETARY OF THE INTERIOR
FROM THE LAND MANAGER
SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 9388

BIRTH NO. 52 9388 18155

1. NAME OF DECEASED (Type or Print) <u>Johnnie Chambers</u>		2. DATE OF DEATH <u>10/12/52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY <u>Balto</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>U. A.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u>	
5. Length of stay in Baltimore <u>2</u> Yrs. <u>2</u> Mos. <u>2</u> Days		D. STREET ADDRESS (If rural, give location) <u>1713 W. Lanvale St.</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. (SINGLE) MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>AUG. 1952</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (In years last birthday) <u>2</u>
11. BIRTHPLACE (State or foreign country) <u>MD.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>CALVIN WANTKINS</u>		14. MOTHER'S MAIDEN NAME <u>DORIS CHAMBERS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT <u>DORIS CHAMBERS</u>		ADDRESS <u>1713 W. LANVALE</u>	

18. <u>571.0</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Diarrhea</u> DUE TO <u>Vomiting, Severe dehydration and Acidosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Upper Respiratory Infection</u> DUE TO <u>2 weeks</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10/1/52, 1952, to 10/12/52, 1952, that I last saw the deceased alive on 10/12/52, 1952, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>George H. Smith</u>	23B. ADDRESS <u>University Hosp</u>	23C. DATE SIGNED <u>10/12/52</u>
--	--	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>10/15/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>MTAUBURN</u>	24D. LOCATION (City, town, or county) (State) <u>BALTO. MD.</u>
--	------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 14 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>GEO. G. KELSON</u>	ADDRESS <u>1303 PRESSTMAN ST.</u>
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CERTIFICATE OF DEATH
SACRAMENTO CITY HEALTH DEPARTMENT

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9389**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. HARRY PARLETT

2. DATE
OF
DEATH

10.13.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

ST. Agnes Hosp.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

ST. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

Ellicott City

Howard

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Ellicott City

D. STREET ADDRESS (If rural, give location)

Columbia Rd.

6300

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

APR 16 1864

9. AGE (In years,
last birthday)

88

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired.

10B. KIND OF BUSINESS OR
INDUSTRY

Farm Owner

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William

David Parlett

14. MOTHER'S MAIDEN NAME

Susan Scrivener

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

unknown

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Harry Parlett, Ellicott City, Md.

18. **E 903.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral vascular accident + 1-45"

DUE TO

fracture left hip.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

William W. [Signature] M.D.
CHIEF OR ASST. MEDICAL EXAMINER

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

fracture left hip.

4 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

Ellicott City - Columbia Rd.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

10.10.52 - 6.15 p.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

fell down at home.

6300

22. I hereby certify that I attended the deceased from **10.10.52**, 19**52**, to **10.13.52**, 19**52**; that I last saw the
deceased alive on **3 p.m. 10.13.52**, and that death occurred at **4.45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Edwards J. [Signature] M.D.

23B. ADDRESS

ST. Agnes Hosp.

23C. DATE SIGNED

10.13.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10-16-52

24C. NAME OF CEMETERY OR CREMATORY

St. Johns

24D. LOCATION (City, town, or county)

(State)

Ellicott City, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington [Signature] M.D.

25. FUNERAL DIRECTOR

ADDRESS

F.C. Higinbotham, Ellicott City, Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9390**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rev. HENRY J. KNECHT.

2. DATE
OF
DEATH

OCT. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

75 WOLFE ST

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

75 WOLFE ST

Length of stay in Baltimore

14 YRS

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MAY 23 1887

9. AGE (in years last birthday)

65

10. Under 1 Year Months: Days

11. Under 24 Hours Hour: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PRIEST

10B. KIND OF BUSINESS OR INDUSTRY

ST MICHAEL'S CHURCH

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN ANTHONY KNECHT

14. MOTHER'S MAIDEN NAME

MARY ANN KAISER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

REV GERAARD KUNH 75 WOLFE STREET.

18. **443 X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary Oedema**
DUE TO

1 day.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cardio-Vascular Hypertensive Disease**
DUE TO

3 years

(C) **Arteriosclerosis**

3 years.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **JUNE 6, 1949** to **OCT. 11, 1952**, that I last saw the deceased alive on **OCT. 11, 1952** and that death occurred at **10:45 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Dausch

M. D.

23B. ADDRESS

4636 BELAIR ROAD

23C. DATE SIGNED

10-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

OCT 16 1952

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM.

24D. LOCATION (City, town, or county)

4430 BELAIR ROAD MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Duffel Bldg 1800 E LOMBARD ST.

MEDICAL CERTIFICATION

Q880 50

CONFIDENTIAL

1000

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9391

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years,
last birthday)

10. Under 1 Year
Months; Days

11. Under 24 Hours
Hours; Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 181X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of Bladder
DUE TO
(C) with metastasis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 9-19-52 to 10-14-52, that I last saw the
deceased alive on 10-14-52 and that death occurred at 9:55 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9392**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GORDON L ASHTON

2. DATE
OF
DEATH

October 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE **Md.**

B. COUNTY **Dorchester**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Ship in Harbor

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Cambridge

D. STREET ADDRESS (If rural, give location)

Fishing Creek, Md.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

10-28-11

9. AGE (In years
last birthday)

41

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Capt. Freight Boat

10B. KIND OF BUSINESS OR
INDUSTRY

Boat

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

L. Edward Ashton

14. MOTHER'S MAIDEN NAME

Rena Taul

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rena Taul, Fishing Creek, Md.

18. **E 857X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Asphyxia due to Carbon Monoxide**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

ship

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Ship in harbor at foot of Bond St. 3/2

21D. TIME (Month) (Day) (Year) (Hour) **30**

ound: Oct. 12, 1952 3:p.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

**asleep in cabin on boat over engine room
with defective motor exhaust**

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

[Signature]

23B. CHIEF MEDICAL EXAMINER..... ☒

ASSISTANT MEDICAL EXAMINER..... ☐

23C. DATE SIGNED

October 13, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

10-15-52

24C. NAME OF CEMETERY OR CREMATORY

Dorchester, Mem. Pk.

24D. LOCATION (City, town, or county)

Cambridge, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Howard H. Hubbard, 2503 Edmondson Ave

V S 151

N 968.0

240.550307

✓

CERTIFICATE OF DEATH

1. Name of deceased: _____

2. Sex: _____

3. Date of birth: _____

4. Place of birth: _____

5. Date of death: _____

6. Cause of death: _____

7. Signature of physician: _____

8. Signature of registrar: _____

9. Signature of informant: _____

10. Signature of witness: _____

11. Signature of funeral director: _____

12. Signature of medical examiner: _____

13. Signature of coroner: _____

14. Signature of justice of the peace: _____

15. Signature of health officer: _____

16. Signature of school board: _____

17. Signature of police: _____

18. Signature of fire department: _____

19. Signature of ambulance: _____

20. Signature of hospital: _____

21. Signature of nursing home: _____

22. Signature of cemetery: _____

23. Signature of funeral home: _____

24. Signature of mortuary: _____

25. Signature of embalmer: _____

26. Signature of undertaker: _____

27. Signature of casket maker: _____

28. Signature of coffin maker: _____

29. Signature of grave digger: _____

30. Signature of cemetery: _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9393
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary E. Wheedleton

2. DATE
OF
DEATH

October 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Md.

B. COUNTY

Dorchester

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Ship in Harbor

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cambridge

D. STREET ADDRESS (If rural, give location)

12 Virginia Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

Oct. 12, 1952

9. AGE (in years
last birthday)

24

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

labor

10B. KIND OF BUSINESS OR INDUSTRY

Phillips Packing Industry

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Oliver Wheedleton

VEG. (M)

14. MOTHER'S MAIDEN NAME

Margaret Montgomery

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
none17. INFORMANT ADDRESS
Margaret Wheedleton, Cambridge, Md

18. E 857X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Asphyxia due to Carbon Monoxide

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

ship

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Ship in harbor at foot of Bond St. 3/2

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Found: Oct. 12, 1952 3:30 p.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

asleep in cabin on boat over engine room
with defective motor exhaust22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. P. Frohe

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

October 13, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10-15-52

24C. NAME OF CEMETERY OR CREMATORY

Dorchester Mem. Pk.

24D. LOCATION (City, town, or county)

Cambridge, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 14 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Howard H. Hubbard, 2503 Edmondson Ave.

VS 151

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9304
Registered No.

BIRTH NO. 52-21017

1. NAME OF DECEASED
(Type or Print)

WILLIAM FERDINAND BURCH

2. DATE
OF
DEATH

Oct. 14, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

534 CLIFTON AVE.

5300

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Sept. 7, 1952

9. AGE (In years last birthday)

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

1 7

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

LEROY MELVIN BURCH

14. MOTHER'S MAIDEN NAME

MILDRED GERMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 571.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Acute Gastro-enteritis

DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Erythroblastosis fetalis

DUE TO

3 days

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct. 12, 1952, to Oct. 14, 1952, that I last saw the deceased alive on Oct. 14, 1952, and that death occurred at 1:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Martina Trona-Cortez M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

10-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL
DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

10/15/52

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge

24D. LOCATION (City, town, or county) (State)

Howard Co. Md.

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong- 3207 W. North

OCT 14 1952

[Faint, illegible text, likely bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.]

CERTIFICATE CORRECTED 10/28/52 ES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 9395

BIRTH NO.

M.L.B. 163845

1. NAME OF DECEASED
(Type or Print)

Dufour, Phillip

2. DATE
OF
DEATH

10-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

Harford

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR Baltimore City Hospitals location)
INSTITUTION 4940 Eastern Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Joppa

D. STREET ADDRESS (If rural, give location)

Joppa Md. Harford County

5. LENGTH OF STAY IN BALTIMORE

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 7, 1903

9. AGE (In years
last birthday)

49 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman, U.S. Govt.

10B. KIND OF BUSINESS OR
INDUSTRY

Chemical Plant

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Dufour

14. MOTHER'S MAIDEN NAME

Mary ? Drury

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

220-20-7184

17. INFORMATION ADDRESS

Baltimore City Hospitals
4940 Eastern Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Marked Pulmonary congestion of left
lung.
DUE TO Bronchial pneumonia right lung
Complete obstruction of upper left lobe
(B) bronchus. Due to thick muco-purulent.
DUE TO Brain Abscess left temple lobe.
(C)

8 hrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/11/52

19B. MAJOR FINDINGS OF OPERATION

Operation for brain abscess

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-6, 1952, to 10-12, 1952, that I last saw the
deceased alive on 10-12, 1952, and that death occurred at 8:00 A.M. from the causes and on the date stated above.

23A. SIGNATURE

H.C. Jones

M. D.

23B. ADDRESS

4940 Eastern Ave. Balto. Md.

23C. DATE SIGNED

10-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cokesbury

24D. LOCATION (City, town, or county)

Abingdon, Harford, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 14 1952

Huntington Williams, Howard R. McCombs & Son

52348 Abingdon, Md.

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

CONFIDENTIAL

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

CERTIFICATE CORRECTED 10-17-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9396

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA Bowie

2. DATE
OF
DEATH

OCT 14 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Ital 2 n

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Cook

13. FATHER'S NAME

Edward Bowie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.
Baltimore

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

824 CARROLLTON AVE.

8. DATE OF BIRTH

1877

9. AGE (in years
last birthday)

75

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Emma Bowie

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Renal shut down

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

myocardial insufficiency

DUE TO

(C)

arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

inaccranted inguinal hernia

19A. DATE OF OPERATION

10-11-52

19B. MAJOR FINDINGS OF OPERATION

inaccranted inguinal hernia, Right

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11-1952 to 10-14-1952, that I last saw the
deceased alive on 10-14-1952 and that death occurred at 7:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Ralph L. Denny Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-14-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

W R Thompson

OCT 14 1952

VS 150

52 9396

Frederick, Md

[Faint handwritten notes at the bottom of the page]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 9397

BIRTH NO. 620 9397

1. NAME OF DECEASED (Type or Print) SIMON HARRIS			2. DATE OF DEATH October 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 30 Yrs.			D. STREET ADDRESS (If rural, give location) 1607 Young Court		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 1, 1892		9. AGE (In years last birthday) 60
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY Packhouse		11. BIRTHPLACE (State or foreign country) Newport News Virginia U.S.A.
13. FATHER'S NAME Unknown			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO. Unknown		
17. INFORMANT Estell Harris			ADDRESS 1607 Young Court		

18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Craniocerebral injury DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Caroline St. and Ashland Avenue 7/5		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct. 12, 1952 7:45 P.M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Pedestrian struck by auto		

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. Fisher M.D. 23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐ 23C. DATE SIGNED **Oct. 13, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **10/16/1952** 24C. NAME OF CEMETERY OR CREMATORY **Mt Calvary Cem.** 24D. LOCATION (City, town, or county) (State) **Brooklyn Md.**

DATE RECEIVED BY LOCAL REGISTRAR **OCT 14 1952** REGISTRAR'S SIGNATURE Huntington Williams FUNERAL DIRECTOR Choyce Wilson ADDRESS 1000 Buntz way

V S 151

N-856.2

9204300322

correct age is important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

5024

52

CONTINUATION OF DEATH

101

DATE OF DEATH

TIME

PLACE

CAUSE

NAME OF DECEASED

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DIVORCE

NAME OF CHILDREN

DATE OF INTERVIEW

INTERVIEWER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9398

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry Rappold

2. DATE
OF
DEATH

Oct 13-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1929 E 30th St

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

MD

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1929 E. 30th St.

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 8-1884

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Trolleyman

10B. KIND OF BUSINESS OR INDUSTRY

P.A. R.R.

11. BIRTHPLACE (State or foreign country)

Balto City MD

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Rappold

14. MOTHER'S MAIDEN NAME

Laura Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mr Clarence Rappold

ADDRESS

6 Overlea Ave

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cachexia + Metastasis

1 month

DUE TO

(B)

Carcinoma of Stomach, Intestines

2 years

DUE TO

(C)

and Lungs

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from January 26, 1951 to October 10, 1952, that I last saw the deceased alive on October 10, 1952, and that death occurred at 12:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Albert Eisenberg

M. D.

23B. ADDRESS

2200 Mayfield Ave

23C. DATE SIGNED

10-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/17/52

24C. NAME OF CEMETERY OR CREMATORY

Balto Cem.

24D. LOCATION (City, town, or county)

Balto.

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

Lassahn Funeral Home 740/ Balan Rd

VS 150

390 50 9 3 9 3

Dr Albert E. Sunberg
Mayfield & Harford Rd.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9399**

1. NAME OF DECEASED
(Type or Print)

ETHEL M. MCCARTHY

2. DATE OF DEATH

10-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

45 MARYLAND GENERAL HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Md.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

4722 Pimlico Road

Length of stay in Baltimore

LIFE

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Sept. 13, 1887

9. AGE (in years last birthday)

65

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

LINCOLN LUDWIG

14. MOTHER'S MAIDEN NAME

AGNES WARD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Hosp. records

ADDRESS

18.

175X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CARCINOMATOSIS

1 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ADENOCARCINOMA, Ovary

1 yr +

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

ANASARCA

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-11-52** to **10-12-52**, that I last saw the deceased alive on **10-12-52** and that death occurred at **1304** m., from the causes and on the date stated above.

23A. SIGNATURE

Keyless Kern

23B. ADDRESS

Md. Gen. Hosp.

23C. DATE SIGNED

10-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

6 Vernon Lemmon, 4611 Park Heights Ave.,

VS 150

19520009394

650 9400
52 9400
BIRTH NO.
1. NAME OF DECEASED
(Type or Print)
2. DATE OF DEATH
3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION
36 Franklin Square Hospital
Length of stay in Baltimore
Yrs. Mos. Days
4. SEX
5. COLOR OR RACE
6. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
7. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
8. KIND OF BUSINESS OR INDUSTRY
9. FATHER'S NAME
10. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
11. SOCIAL SECURITY NO.
12. BIRTHPLACE (State or foreign country)
13. CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN NAME
15. INFORMANT
16. ADDRESS
17. CAUSE OF DEATH
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
19. ANTECEDENT CAUSES
20. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
22. 19A. DATE OF OPERATION
23. 19B. MAJOR FINDINGS OF OPERATION
24. 20. AUTOPSY?
YES ☒ NO ☐
25. 21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
26. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
27. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
28. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
29. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
30. 21F. HOW DID INJURY OCCUR?
31. 22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.32. 23A. SIGNATURE
33. 23B. CHIEF MEDICAL EXAMINER.....
34. 23C. DATE SIGNED
35. 24A. BURIAL, CREMATION, REMOVAL (Specify)
36. 24B. DATE
37. 24C. NAME OF CEMETERY OR CREMATORY
38. 24D. LOCATION (City, town, or county) (State)
39. DATE RECEIVED BY LOCAL REGISTRAR
40. REGISTRAR'S SIGNATURE
41. 25. FUNERAL DIRECTOR
42. ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9400

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIJAH

BROWN

2. DATE
OF
DEATH

October 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
2806 Winchester Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

April 5, 1917

9. AGE (in years last birthday)

35

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Longshoreman

10B. KIND OF BUSINESS OR INDUSTRY
Copper works

11. BIRTHPLACE (State or foreign country)
South Carolina

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

ELIJAH BROWN

14. MOTHER'S MAIDEN NAME

AGNES HUBERT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
243-18-6293

17. INFORMANT

ADDRESS

Rose Wilson Brown 2806 Winchester

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES

(A) Hypertensive cardiovascular disease
DUE TO

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....

Oct. 14, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

10-17-52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

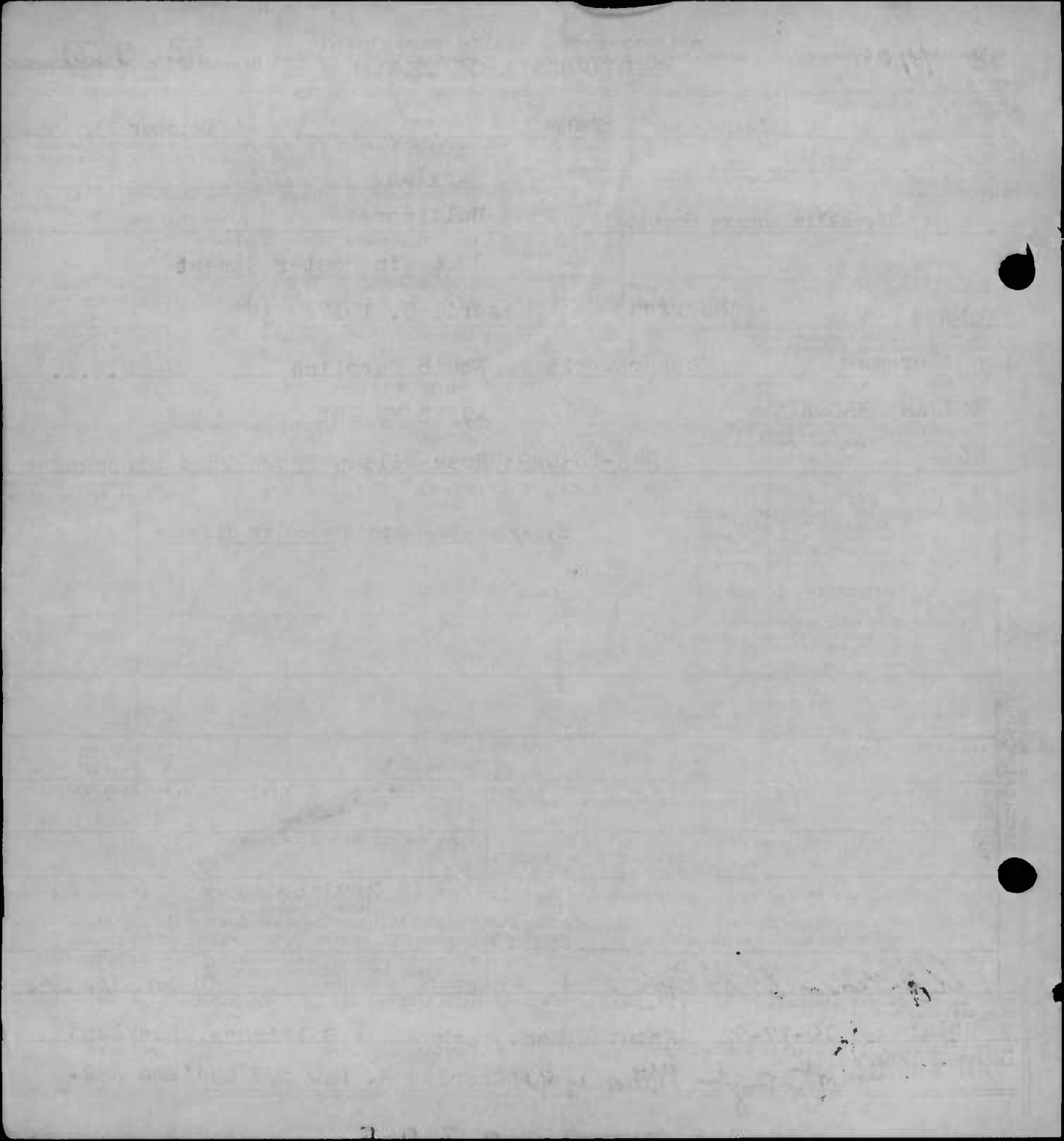
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Charles R. Law 802 Madison Ave.

VS 151



253

52 9401

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9401

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Solomon Sam Joseph Buckarty

2. DATE
OF
DEATH

October 14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

4302 Garrison Blvd

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 15-10

D. STREET ADDRESS (If rural, give location)

4302 Garrison Blvd.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan 5, 1896

9. AGE (In years last birthday)

56

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manager

10B. KIND OF BUSINESS OR INDUSTRY

Creamery

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

David Leon Buckarty (m)

14. MOTHER'S MARDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Hilda Buckarty - 4302 Garrison Blvd.

ADDRESS

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Myocardial Infarction

30 minutes

DUE TO

Coronary atherosclerosis

ANTECEDENT CAUSES

(B)

Coronary thrombosis

16 months

DUE TO

Coronary sclerosis

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m. WORK ☐AT WORK ☐

22. I hereby certify that I attended the deceased from May 17, 1951, to Oct 14, 1952, that I last saw the deceased alive on 10/14/52, 1952, and that death occurred at 7:40 m., from the causes and on the date stated above.

23A. SIGNATURE

Michael B. Kwik md

23B. ADDRESS

2320 Eutaw Rd

23C. DATE SIGNED

10/14/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/15/52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Sol. Giverson & Bros - 1124-26 W. North Avenue

1048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

CAUSE OF DEATH

WILLIAM H. HARRIS, JR.
MAY 10, 1941
BALTIMORE, MARYLAND
WHITE MALE
BORN 1901
RESIDENT 1010 N. W. 10TH ST.
BALTIMORE, MARYLAND
OCCUPATION: ENGINEER
DECEASED AT HOME
DECEASED AT 10:30 P.M.
DECEASED BY: DR. J. H. HARRIS, JR.
DECEASED BY: DR. J. H. HARRIS, JR.
DECEASED BY: DR. J. H. HARRIS, JR.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MAX SWARTZ

Schwartz

2. DATE
OF
DEATH

Oct. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

11-03

D. STREET ADDRESS (If rural, give location)

215 Madison Avenue

Length of stay in Baltimore

50 yrs

Yrs.
Mos.
Days

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Nov 13-1884

9. AGE (In years
last birthday)

68

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

General Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Bar tender

11. BIRTHPLACE (State or foreign country)

Maryland Germany

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Not Known Gen.

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

2-8-05-3171

17. INFORMANT

Wm Charles Schwartz BB md

ADDRESS

18. 4201

CAUSE OF DEATH 401 Delaware Ave

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary occlusion

(C) Myocardial infarct

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....

Oct. 4, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

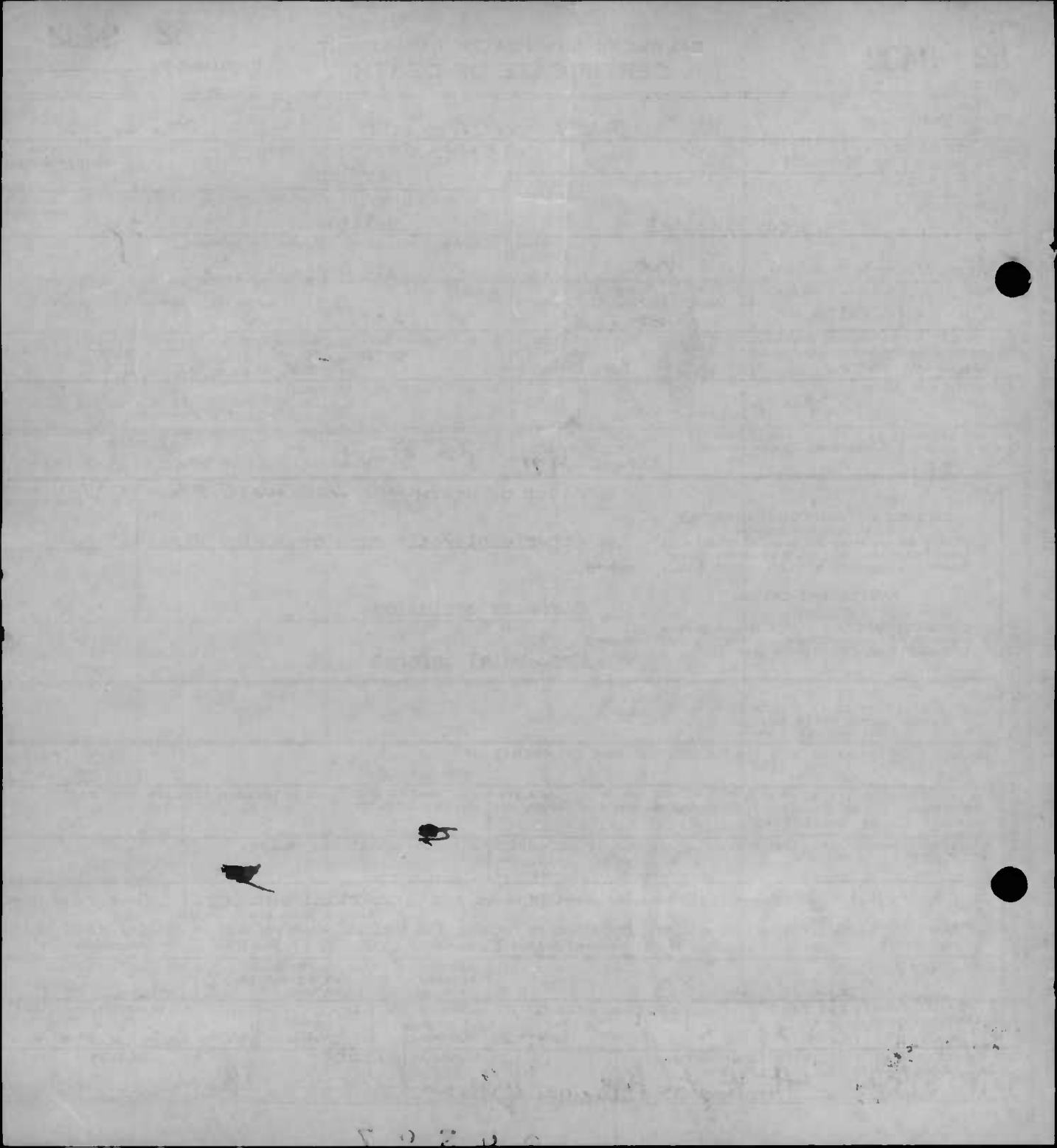
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



52 9403

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9403

Registered No.

BIRTH NO.

52-20003

1. NAME OF DECEASED
(Type or Print)

Dorothy ANN Rogers

2. DATE
OF
DEATH

10/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

39 Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

312 N. Pearl St.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8-29-52

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days: Hours: Min.

26

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Blackwell

14. MOTHER'S MAIDEN NAME

Dorothy Rogers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 571.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Infection Diarrhea

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Prematurity

6 wks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29-52, to 10-4-52, that I last saw the deceased alive on 10-4-52, and that death occurred at 2 p. m., from the causes and on the date stated above.

23A. SIGNATURE

H. Garland Churchill, M.D.

23B. ADDRESS

1038 Edmondson Ave

23C. DATE SIGNED

10-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 15 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

VS 150

1952 0000 0300

CERTIFICATE OF DEATH

LAST NAME, FIRST NAME, MIDDLE NAME

DATE OF BIRTH
PLACE OF BIRTH

DATE OF DEATH
PLACE OF DEATH

CAUSE OF DEATH

SEX
AGE

EDUCATION
OCCUPATION

RELIGION
MARRIAGE

PREVIOUS ILLNESS
PREVIOUS SURGERY

PREVIOUS TRAUMA
PREVIOUS ACCIDENT

PREVIOUS DRUGS
PREVIOUS ALCOHOL

PREVIOUS TOBACCO
PREVIOUS OTHER

PREVIOUS OTHER
PREVIOUS OTHER

PREVIOUS OTHER
PREVIOUS OTHER

correct age is especially important. Physicians write the causes of death clearly and legibly.

<div style="display: flex; justify-content: space-between;"> 52 9404 BALTIMORE CITY HEALTH DEPARTMENT 52 9404 </div> <div style="text-align: center;"> 350 52-24197 </div> <h2 style="margin: 0;">CERTIFICATE OF DEATH</h2>		Registered No.	
BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Baby Eaton		10/5/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 29 Provident Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-04	
6. LENGTH OF STAY IN BALTIMORE 28 hrs		D. STREET ADDRESS (If rural, give location) 2002 W. Lanvale	
7. SEX Female	8. COLOR OR RACE Negro	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH 10/4/52
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 199227		12. AGE (In years last birthday) Months Days Hours Min. 1 1 1	
13. FATHER'S NAME Thomas Holmes		14. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. CITIZENSHIP (What country?) Eaton	
17. SOCIAL SECURITY NO.		18. INFORMANT ADDRESS Mother 2002 W. Lanvale	
18. 7625 I CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Congenital Atelecasis ANTECEDENT CAUSES Prematurity (28 wks) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C)			
19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-4, 1952, to 10-5, 1952, that I last saw the deceased alive on 10-5, 1952, and that death occurred at 10:11 AM, from the causes and on the date stated above.			
23A. SIGNATURE J. B. Butler		23B. ADDRESS 2033 Central Ave	
23C. DATE SIGNED 10/5/52			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		JOHN HOPKINS MEDICAL SCHOOL OCT 14 1952	
DATE RECEIVED BY LOCAL REGISTRAR OCT 15 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D.	

1018

RECEIVED
JAN 20 1960

1018

UNITED STATES
DEPARTMENT OF
HEALTH, EDUCATION & WELFARE

OFFICE OF THE
ASSISTANT SECRETARY
FOR PUBLIC HEALTH

WASHINGTON, D.C. 20460

January 20, 1960

Dear Sir:

I am pleased to inform you that your application for a grant under the Public Health Service Act, as amended, has been approved.

The grant is for the purpose of conducting research in the field of public health.

The amount of the grant is \$10,000.

The grant is to be paid in three installments of \$3,333.33 each.

The first installment will be paid to you within 30 days of the date of this letter.

The second installment will be paid to you within 30 days of the date of the first report.

The third installment will be paid to you within 30 days of the date of the final report.

Very truly yours,

Assistant Secretary for Public Health

Enclosure

Very truly yours,

Assistant Secretary for Public Health

Enclosure

Very truly yours,

Assistant Secretary for Public Health

Enclosure

Very truly yours,

Assistant Secretary for Public Health

Enclosure

Very truly yours,

Assistant Secretary for Public Health

20
52 9405BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9405

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ona C. Loovis

2. DATE
OF
DEATH

Oct. 12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4609 Lawn Park Rd.

Length of stay in Baltimore Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4609 Lawn Park Rd.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

MARRIED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 1, 1892

9. AGE (In years last birthday)

60

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

---Cawood

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Martie B. Loovis, 4609 Lawn Park RD

18.

153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) Carcinoma of the Colon
DUE TO death abdominal metastases

4 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

April 1948

19B. MAJOR FINDINGS OF OPERATION

Same as above

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19, to Oct 12, 1952, that I last saw the deceased alive on Oct 11, 1952, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 15/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

(State)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTER

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 15 1952

Huntington Williams, M.D.

Harry H. Wiegman

4101 Edmondson Ave

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

HEADQUARTERS, U.S. ARMY
WASHINGTON, D.C.

MEMORANDUM FOR THE RECORD

SUBJECT: [Illegible]

DATE: [Illegible]

BY: [Illegible]

FOR THE RECORD

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9406
Registered No. _____

52 9406
BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Agnes Levi

2. DATE OF DEATH

Oct 13 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2520 Hollins Ferry Rd

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

md

B. COUNTY

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

25-33

D. STREET ADDRESS (If rural, give location)

2520 Hollins Ferry Rd

8. DATE OF BIRTH

Oct.

9. AGE (In years last birthday)

89

10. Under 1 Year Months: Days Hours: Min.

-

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

13. FATHER'S NAME

George Robinson

14. MOTHER'S MAIDEN NAME

Annie Cook

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Cornelius Levi 2520 Hollins Ferry Rd

18. 4500

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerosis, general

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *3/12*, 19*51*, to *10/13*, 19*52*, that I last saw the deceased alive on *10/13*, 19*52*, and that death occurred at *4 p. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Edmund L. Banerly

M. D.

23B. ADDRESS

722 N. Fulton Ave

23C. DATE SIGNED

10/14/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct 17 - 52

24C. NAME OF CEMETERY OR CREMATORY

Int. Auburn

24D. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

James A. Hayes 638 N. 9th St

MEDICAL CERTIFICATION

STATE OF TEXAS
COUNTY OF DALLAS

1914

1914

1914

1914

1914

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1914

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1914

1914

1914

52 9407

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9407

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Francis Lindsay

2. DATE
OF
DEATH

Oct. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

934 Little Pine St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

934 Little Pine St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb 1902

9. AGE (In years,
last birthday)

50

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

William Lindsay

14. MOTHER'S MAIDEN NAME

Bettie Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

H's Sarah F. Lindsay 934 Little Pine

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1952, Oct 11, 1952, that I last saw the
deceased alive on Oct 11, 1952 and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

William Garner

M. D.

23B. ADDRESS

753 George St

23C. DATE SIGNED

10/13/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10-15-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Frances T. Hensley

25. FUNERAL DIRECTOR

ADDRESS 578

W. Biddle St

VS 150

590 HG 09402

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

William Brown
Tutunahoe

June 10 1900

Oct 11 1900

27.5 (dead)

William Brown

52 9408

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9408
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA KAUFMAN

2. DATE
OF
DEATH

Oct. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBlackstone Apts.
Charles & 33rd Sts.4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

Charles & 33rd Sts.

length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 7, 1863

9. AGE (In years
last birthday)

89

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

-- Singer

14. MOTHER'S MAIDEN NAME

Pauline --

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Nora C. Kaufman-Blackstone Apts. #406

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Esophagus
DUE TO c metastasis to liver

6 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19, to 10/13/52, 19, that I last saw the deceased alive on 10/13/52, 19, and that death occurred at 11:54 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/15/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

19520009403

Balto 17, Md.

STATE OF NEW YORK
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

FILE NO.

DATE

NAME OF DECEASED

AGE

SEX

RACE

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

PERMANENT CAUSE

TEMPORARY CAUSE

PRE-EXISTING DISEASE

ACQUIRED DISEASE

INFECTION

TOXIC

TRAUMA

OTHER

DATE OF INTERVIEW

PLACE OF INTERVIEW

NAME OF INTERVIEWER

SIGNATURE OF INTERVIEWER

DATE OF SIGNATURE

PLACE OF SIGNATURE

NAME OF SIGNATURE

630
52 9409BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9409
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EDNA SOPHIA MERRITT

2. DATE
OF
DEATH

Oct. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3 E. 39th St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Sept. 1, 1888

9. AGE (in years
last birthday)

64

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR INDUSTRY

Balto. Public Schools

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alonzo I. Merritt

14. MOTHER'S MAIDEN NAME

Sophia Heyn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Martin Merritt - 3 E. 39th St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) _____
DUE TO

Myocardial Infarction

1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO
(C) _____

Hypertensive - Rheumatic Heart Disease

10 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1912, to Oct 13, 1952 that I last saw the deceased alive on Oct 13, 1952, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/16/52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county)

A. A. Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, M.D. J. Lickner & Sons
1952 0938V9 40 Balto 17, Md.

400

52 9410

52 9410

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) HARRY ALLAN GILL		2. DATE OF DEATH OCTOBER 14 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 44 UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15 15-10	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 3606 GARRISON BLVD	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEBRUARY 7, 1887 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10B. KIND OF BUSINESS OR INDUSTRY McARTHUR-MICKS	
11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JOSEPH H. GILL		14. MOTHER'S MAIDEN NAME AMANDA M. EAGLE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. 216-038336	
17. INFORMANT WIFE		ADDRESS SAME AS ABOVE	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MYOCARDIAL INFARCTION CAUSE TO		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 HOURS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIOSCLEROTIC HEART DISEASE YEARS CAUSE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **OCTOBER 13, 1952** to **OCT 14, 1952**, that I last saw the deceased alive on **OCT 14, 1952** and that death occurred at **12 25 AM.**, from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS M. D. UNION MEMORIAL HOSPITAL		23C. DATE SIGNED OCT 14 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/17/52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. NAME OF FUNERAL DIRECTOR Wm. J. Tichener & Sons		24F. ADDRESS Balto 17, Md.	

VS 150

49068

correct age is especially important. Physicians: write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1902

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1901

ALBANY:

THE STATE PRINTING OFFICE

1902

52 9411

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9411
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Genevra Cotton Paylow

2. DATE
OF
DEATH

10/12/52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1916 N. Laurels St.

USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-04

D. STREET ADDRESS (If rural, give location)

1916 N. Laurels St.

Length of stay in Baltimore

SEX

6. COLOR OR RACE

10A. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired)

At Home

13. FATHER'S NAME

G. Cotton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

None

8. DATE OF BIRTH

7/9/1900

9. AGE (In years last birthday)

52

11 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10B. KIND OF BUSINESS OR INDUSTRY

Chapel Hill N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Virginia Jennie

17. INFORMANT

Margaret Chase

ADDRESS

1916 N. Laurels St.

18. 410X 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) chr. rheumatic valvular disease
1. mitral stenosis + insufficiency
2. aortic stenosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.22.52 to 10.12.52, that I last saw the deceased alive on 10.7.52, and that death occurred at 10.50 m., from the causes and on the date stated above.

23. SIGNATURE

23A. ADDRESS

23B. ADDRESS

23C. DATE SIGNED

23D. ADDRESS

23E. ADDRESS

23F. ADDRESS

23G. ADDRESS

23H. ADDRESS

23I. ADDRESS

23J. ADDRESS

23K. ADDRESS

23L. ADDRESS

23M. ADDRESS

23N. ADDRESS

23O. ADDRESS

23P. ADDRESS

23Q. ADDRESS

23R. ADDRESS

23S. ADDRESS

23T. ADDRESS

23U. ADDRESS

23V. ADDRESS

23W. ADDRESS

23X. ADDRESS

23Y. ADDRESS

23Z. ADDRESS

23AA. ADDRESS

23AB. ADDRESS

23AC. ADDRESS

23AD. ADDRESS

23AE. ADDRESS

23AF. ADDRESS

23AG. ADDRESS

23AH. ADDRESS

23AI. ADDRESS

23AJ. ADDRESS

23AK. ADDRESS

23AL. ADDRESS

23AM. ADDRESS

23AN. ADDRESS

23AO. ADDRESS

23AP. ADDRESS

23AQ. ADDRESS

23AR. ADDRESS

23AS. ADDRESS

23AT. ADDRESS

23AU. ADDRESS

23AV. ADDRESS

23AW. ADDRESS

23AX. ADDRESS

23AY. ADDRESS

23AZ. ADDRESS

23BA. ADDRESS

23BB. ADDRESS

23BC. ADDRESS

23BD. ADDRESS

23BE. ADDRESS

23BF. ADDRESS

23BG. ADDRESS

23BH. ADDRESS

23BI. ADDRESS

23BJ. ADDRESS

23BK. ADDRESS

23BL. ADDRESS

23BM. ADDRESS

23BN. ADDRESS

23BO. ADDRESS

23BP. ADDRESS

23BQ. ADDRESS

23BR. ADDRESS

23BS. ADDRESS

23BT. ADDRESS

23BU. ADDRESS

23BV. ADDRESS

23BW. ADDRESS

23BX. ADDRESS

23BY. ADDRESS

23BZ. ADDRESS

23CA. ADDRESS

23CB. ADDRESS

23CC. ADDRESS

23CD. ADDRESS

23CE. ADDRESS

23CF. ADDRESS

23CG. ADDRESS

23CH. ADDRESS

23CI. ADDRESS

23CJ. ADDRESS

23CK. ADDRESS

23CL. ADDRESS

23CM. ADDRESS

23CN. ADDRESS

23CO. ADDRESS

23CP. ADDRESS

23CQ. ADDRESS

23CR. ADDRESS

23CS. ADDRESS

23CT. ADDRESS

23CU. ADDRESS

23CV. ADDRESS

23CW. ADDRESS

23CX. ADDRESS

23CY. ADDRESS

23CZ. ADDRESS

23DA. ADDRESS

23DB. ADDRESS

23DC. ADDRESS

23DD. ADDRESS

23DE. ADDRESS

23DF. ADDRESS

23DG. ADDRESS

23DH. ADDRESS

23DI. ADDRESS

23DJ. ADDRESS

23DK. ADDRESS

23DL. ADDRESS

23DM. ADDRESS

23DN. ADDRESS

23DO. ADDRESS

23DP. ADDRESS

23DQ. ADDRESS

23DR. ADDRESS

23DS. ADDRESS

23DT. ADDRESS

23DU. ADDRESS

23DV. ADDRESS

23DW. ADDRESS

23DX. ADDRESS

23DY. ADDRESS

23DZ. ADDRESS

23EA. ADDRESS

23EB. ADDRESS

23EC. ADDRESS

23ED. ADDRESS

23EE. ADDRESS

23EF. ADDRESS

23EG. ADDRESS

23EH. ADDRESS

23EI. ADDRESS

23EJ. ADDRESS

23EK. ADDRESS

23EL. ADDRESS

23EM. ADDRESS

23EN. ADDRESS

23EO. ADDRESS

23EP. ADDRESS

23EQ. ADDRESS

23ER. ADDRESS

23ES. ADDRESS

23ET. ADDRESS

23EU. ADDRESS

23EV. ADDRESS

23EW. ADDRESS

23EX. ADDRESS

23EY. ADDRESS

23EZ. ADDRESS

23FA. ADDRESS

23FB. ADDRESS

23FC. ADDRESS

23FD. ADDRESS

23FE. ADDRESS

23FF. ADDRESS

23FG. ADDRESS

23FH. ADDRESS

23FI. ADDRESS

23FJ. ADDRESS

23FK. ADDRESS

23FL. ADDRESS

23FM. ADDRESS

23FN. ADDRESS

23FO. ADDRESS

23FP. ADDRESS

23FQ. ADDRESS

23FR. ADDRESS

23FS. ADDRESS

23FT. ADDRESS

23FU. ADDRESS

23FV. ADDRESS

23FW. ADDRESS

23FX. ADDRESS

23FY. ADDRESS

23FZ. ADDRESS

23GA. ADDRESS

23GB. ADDRESS

23GC. ADDRESS

23GD. ADDRESS

23GE. ADDRESS

23GF. ADDRESS

23GG. ADDRESS

23GH. ADDRESS

23GI. ADDRESS

23GJ. ADDRESS

23GK. ADDRESS

23GL. ADDRESS

23GM. ADDRESS

23GN. ADDRESS

23GO. ADDRESS

23GP. ADDRESS

23GQ. ADDRESS

23GR. ADDRESS

23GS. ADDRESS

23GT. ADDRESS

23GU. ADDRESS

23GV. ADDRESS

23GW. ADDRESS

23GX. ADDRESS

23GY. ADDRESS

23GZ. ADDRESS

23HA. ADDRESS

23HB. ADDRESS

23HC. ADDRESS

23HD. ADDRESS

23HE. ADDRESS

23HF. ADDRESS

23HG. ADDRESS

23HH. ADDRESS

23HI. ADDRESS

23HJ. ADDRESS

23HK. ADDRESS

23HL. ADDRESS

23HM. ADDRESS

23HN. ADDRESS

23HO. ADDRESS

23HP. ADDRESS

23HQ. ADDRESS

23HR. ADDRESS

23HS. ADDRESS

23HT. ADDRESS

23HU. ADDRESS

23HV. ADDRESS

23HW. ADDRESS

23HX. ADDRESS

23HY. ADDRESS

23HZ. ADDRESS

23IA. ADDRESS

23IB. ADDRESS

23IC. ADDRESS

23ID. ADDRESS

23IE. ADDRESS

23IF. ADDRESS

23IG. ADDRESS

23IH. ADDRESS

23II. ADDRESS

23IJ. ADDRESS

23IK. ADDRESS

23IL. ADDRESS

23IM. ADDRESS

23IN. ADDRESS

23IO. ADDRESS

23IP. ADDRESS

23IQ. ADDRESS

23IR. ADDRESS

23IS. ADDRESS

23IT. ADDRESS

23IU. ADDRESS

23IV. ADDRESS

23IW. ADDRESS

23IX. ADDRESS

23IY. ADDRESS

23IZ. ADDRESS

23JA. ADDRESS

23JB. ADDRESS

23JC. ADDRESS

DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STATE OF NEW YORK CERTIFICATE OF DEATH

1907

CAUSE OF DEATH

First, the cause of death is
second, the cause of death is
third, the cause of death is
fourth, the cause of death is
fifth, the cause of death is
sixth, the cause of death is
seventh, the cause of death is
eighth, the cause of death is
ninth, the cause of death is
tenth, the cause of death is

1907

52 9412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 9412

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eddie G. Forrest

2. DATE
OF
DEATH

10/13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

29 President Hospital.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male Col.

6. COLOR OF RACE

7. SINGLE, MARRIED
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct 14 1898

9. AGE (in years
last birthday)

34

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Albert Lee

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

INFORMANT

ADDRESS

Mellard Forrest 527 Bloom St.

18.

5701 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A)

Intestinal Obstruction

3 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Intestinal Thrus

DUE TO

(C)

Multinodular Fibroid Uterus

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

9/10/52; 9/17/52

Fibromata Ateri; Sarcinoma

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 9/7/52, 1952, to 10/13/52, 1952, that I last saw the
deceased alive on 10/13/52, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10/16/52

Arbutus

Balto.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington

Huntington

Robert H. Young

1216 W. Caroline St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9413

52 9413

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES

L. TAYLOR

2. DATE
OF
DEATH

October 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

607 Cherry Crest Road

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-32

D. STREET ADDRESS (If rural, give location)

607 Cherry Crest Road

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lumber

10B. KIND OF BUSINESS OR INDUSTRY

Bethlehem Steel Co

13. FATHER'S NAME

Thomas Pitman

MILL (M)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

Yes Korea War II

16. SOCIAL SECURITY NO.

241-30-2820

17. INFORMANT

Roberta Taylor

ADDRESS

Roberta Taylor 3034 Ascension Ave

18. E 982X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Stab wound of chest involving lungs
and aorta with massive hemothorax
and air embolus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

B) OUE TO

C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

607 Cherry Crest Road

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

October 10, 1952

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Stabbed with sharp instrument during altercation

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER ☒

October 10, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Shipment

24B. DATE

10/15/52

24C. NAME OF CEMETERY OR CREMATORY

Huntington

24D. LOCATION (City, town, or county) (State)

Baltimore D.C.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 15 1952

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Robert L. Young

ADDRESS

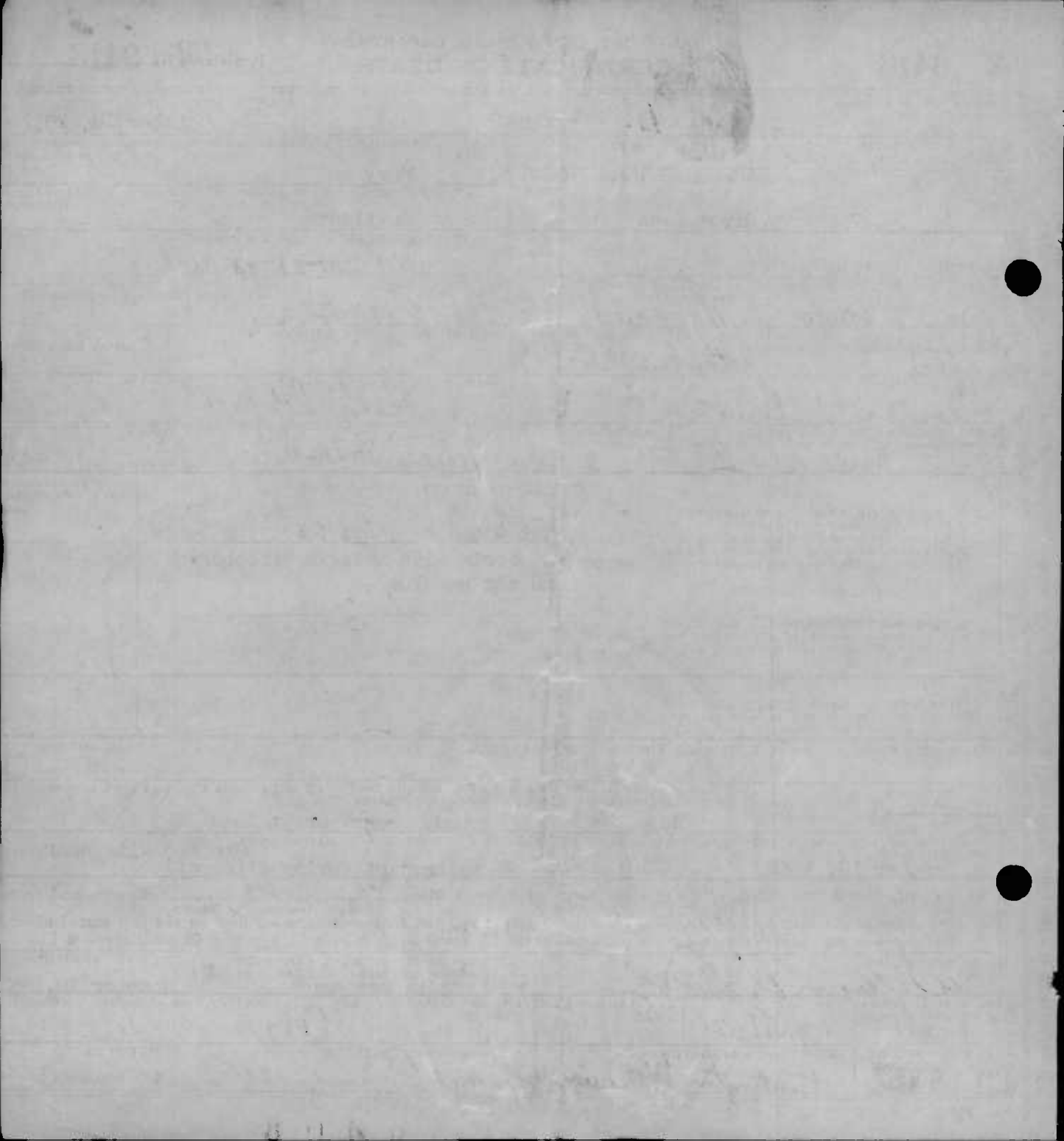
1216 N. Caroline St.

VS 151

N-861:2

970 34

2-2-2-2-2-2-2-2-2-2



251
52 9414BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 9414

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARON ROSENBERG

2. DATE
OF
DEATH

10-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3000 Reisterstown Rd

Yrs.
Mos.
Days

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

New York

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Laurelton N.Y.

D. STREET ADDRESS (If rural, give location)

137-49 - 232nd St

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William Deutch-3000 Reist Rd

18. 4201 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary thrombosis

10 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Chronic myocardial insufficiency

10 yrs

(C)

arteriosclerotic Cardiovasculars

15 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Aug 15, 1952, to Oct 14, 1952, that I last saw the deceased alive on Oct 14, 1952, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dawson Robinson used

M. D.

2835 Guyton Ave Key

10/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10-16-52

New York N.Y.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 15 1952

Huntington Williams, M.D.

Jack Lewis 2000 Centre Pl

VS 150

MEDICAL CERTIFICATION

Correct age is especially important. Physicians, please write the causes of death clearly and legibly.

Robinson
2835 Guyon Falls
Parkway

Lo 8984
9 AM

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9415

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ESTHER SCHWARTZ

2. DATE
OF
DEATH

10-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3703 Overview Road

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3703 Overview Road

8. DATE OF BIRTH

Yrs. Mos. Days

10A. USUAL OCCUPATION (Give kind of work done during months of working life, even if retired)

Secretary

10B. KIND OF BUSINESS OR INDUSTRY

Dept Public Welfare

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

Philip Friedman

14. MOTHER'S MAIDEN NAME

Rebecca

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Diana Schwartz - Daughter

ADDRESS

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

4 mo

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

June 1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Ovary

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1952, to Oct 14, 1952, that I last saw the deceased alive on Oct 14, 1952, and that death occurred at 3 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles H. Kolman M. D.

23B. ADDRESS

3700 Park Heights Ave

23C. DATE SIGNED

Oct 15, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-14-52

24C. NAME OF CEMETERY OR CREMATORY

Greenwood

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Levine

ADDRESS

2100 Eutaw Pl

VS 150

195 350 93

Kohman
3700 Park Hgts
LA 9855

~~No 2029~~

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9416**

BIRTH NO. **52 9416**

1. NAME OF DECEASED (Type or Print) MAX HERMAN		2. DATE OF DEATH 10-14-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 15-13	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4207 Pimlico Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 4207 Pimlico Road		E. LENGTH OF STAY IN BALTIMORE 10 Yrs. 00 Mos. 00 Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 66
9. AGE (in years last birthday) 66		10. UNDER 1 Year Months: Days Hours: Min.	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? Russia	
13. FATHER'S NAME Abriel		14. MOTHER'S MAIDEN NAME Pearl	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 000-00-0000	
17. INFORMANT Deceased Herman - Same		ADDRESS	
18. 4207 Pimlico Road		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes Mellitus			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1947 to 10/14 , 19 52 , that I last saw the deceased alive on 10/14 , 19 52 , and that death occurred at 5:47 m., from the causes and on the date stated above.			
23A. SIGNATURE Edward A. Hallen		23B. ADDRESS 4302 Liberty 1st St	
23C. DATE SIGNED 10/15/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-16-52	
24C. NAME OF CEMETERY OR CREMATORY Rosedale		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR Oct 15 1952		REGISTRAR'S SIGNATURE Huntington	
25. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Canton St	

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

Kallius
4300 Liberty Hgts
70 4558
Rv 4798

620

52 9417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9417

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dr. Roscoe Z. G. Cross

2. DATE
OF
DEATH

October 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2438 Maryland Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2438 Maryland Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 11, 1882

9. AGE (in years
last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Cockeysville, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Zedekiah Cross

14. MOTHER'S MAIDEN NAME

Margaret L. Frantz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W. W. I.

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Mrs. Marian E. Cross, 2438 Maryland Ave.

ADDRESS

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Retro-Peritoneal Hemorrhage

1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerosis - Hypertension
(C) Cardiovascular Disease

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from June 1951, to Oct 13, 1952, that I last saw the
deceased alive on Oct 13, 1952, and that death occurred at 6:15 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

William R. Lippman

M. D.

1114 St Paul St

10/14/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

10/15/52

24C. NAME OF CEMETERY OR CREMATORY

Sherwood Cemetery

24D. LOCATION (City, town, or county) (State)

Cockeysville, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 15 1952

Huntington Williams, M.D.

Wm. Cook, Inc.

1217 St. Paul Street

VS 150

5 207580 9 4 1 2

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Date of Birth		Date of Death		Place of Birth		Place of Death	
1900		1900		New York		New York	
Sex		Race		Color		Religion	
Male		White		White		Roman Catholic	
Marital Status		Occupation		Education		Cause of Death	
Single		Physician		High School		Heart Disease	
Name of Deceased		Name of Informant		Signature of Informant		Signature of Registrar	
John J. Smith		John J. Smith		John J. Smith		John J. Smith	
Address		City		County		State	
123 Main St.		New York		New York		New York	
Date of Report		Date of Entry		Date of Filing		Date of Issuance	
1900		1900		1900		1900	

412
52 9418BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9418
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) IDA V. PHILLIPS			2. DATE OF DEATH October 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 123 Scott Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 123 Scott Street		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 25, 1877	9. AGE (In years last birthday) 75	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Frederick, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John W. Clary			14. MOTHER'S MAIDEN NAME Lizzie Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Goldie Taylor, 898 Lombard Street		

1B. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Crown Occlusion DUE TO	INTERVAL BETWEEN ONSET AND DEATH Immediate
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Arteriosclerotic Cardiovascular Disease DUE TO	Many Years
(C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK HOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Oct 10, 1951** to **Oct 13, 1952** that I last saw the deceased alive on **Oct 10, 1952** and that death occurred at **1 PM m.** from the causes and on the date stated above.

23A. SIGNATURE Abram Goldman, M.D.		23B. ADDRESS 206 S. Calver St.		23C. DATE SIGNED Oct 13, 52
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 10/16/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR OCT 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1914

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620
52 9419BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9419
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE PEREGOV			2. DATE OF DEATH 14 Oct. 52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 446 Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 20-02		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1 N. Catherine St. #23		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 7/7/1894	9. AGE (In years, last birthday) 58	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector			10B. KIND OF BUSINESS OR INDUSTRY Variety Store		
11. BIRTHPLACE (State or foreign country) Balto Md.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Geo. W. Peregov			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes			16. SOCIAL SECURITY NO. W. W. #1 243-12-4406		
17. INFORMANT Beulah Peregov			ADDRESS 1 N. Catherine St.		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Infarction of the myocardium DUE TO (B) Arteriosclerotic heart disease DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH 6 days ?		
I ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 10/17/52			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9 Oct. 1952 to 14 Oct. 1952 that I last saw the deceased alive on 14 Oct. 1952 , and that death occurred at 4:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. E. V. ...		M. D. Lutheran Hospital		23C. DATE SIGNED 14 Oct 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/17/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) (State) Balto. Md.					
DATE RECEIVED BY LOCAL REGISTRAR 10/15/52		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR 424 Cook Inc. 1217 St. Paul St.	
ADDRESS					

0110

10

DEPARTMENT OF HEALTH AND HUMAN SERVICES

0110

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH	
5. PLACE OF BIRTH		6. OCCUPATION		7. CAUSE OF DEATH		8. PLACE OF DEATH	
9. DATE OF DEATH		10. TIME OF DEATH		11. SIGNATURE OF PHYSICIAN		12. SIGNATURE OF REGISTRAR	
13. SIGNATURE OF WITNESS		14. SIGNATURE OF WITNESS		15. SIGNATURE OF WITNESS		16. SIGNATURE OF WITNESS	
17. SIGNATURE OF WITNESS		18. SIGNATURE OF WITNESS		19. SIGNATURE OF WITNESS		20. SIGNATURE OF WITNESS	
21. SIGNATURE OF WITNESS		22. SIGNATURE OF WITNESS		23. SIGNATURE OF WITNESS		24. SIGNATURE OF WITNESS	
25. SIGNATURE OF WITNESS		26. SIGNATURE OF WITNESS		27. SIGNATURE OF WITNESS		28. SIGNATURE OF WITNESS	
29. SIGNATURE OF WITNESS		30. SIGNATURE OF WITNESS		31. SIGNATURE OF WITNESS		32. SIGNATURE OF WITNESS	
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37. SIGNATURE OF WITNESS		38. SIGNATURE OF WITNESS		39. SIGNATURE OF WITNESS		40. SIGNATURE OF WITNESS	
41. SIGNATURE OF WITNESS		42. SIGNATURE OF WITNESS		43. SIGNATURE OF WITNESS		44. SIGNATURE OF WITNESS	
45. SIGNATURE OF WITNESS		46. SIGNATURE OF WITNESS		47. SIGNATURE OF WITNESS		48. SIGNATURE OF WITNESS	
49. SIGNATURE OF WITNESS		50. SIGNATURE OF WITNESS		51. SIGNATURE OF WITNESS		52. SIGNATURE OF WITNESS	
53. SIGNATURE OF WITNESS		54. SIGNATURE OF WITNESS		55. SIGNATURE OF WITNESS		56. SIGNATURE OF WITNESS	
57. SIGNATURE OF WITNESS		58. SIGNATURE OF WITNESS		59. SIGNATURE OF WITNESS		60. SIGNATURE OF WITNESS	
61. SIGNATURE OF WITNESS		62. SIGNATURE OF WITNESS		63. SIGNATURE OF WITNESS		64. SIGNATURE OF WITNESS	
65. SIGNATURE OF WITNESS		66. SIGNATURE OF WITNESS		67. SIGNATURE OF WITNESS		68. SIGNATURE OF WITNESS	
69. SIGNATURE OF WITNESS		70. SIGNATURE OF WITNESS		71. SIGNATURE OF WITNESS		72. SIGNATURE OF WITNESS	
73. SIGNATURE OF WITNESS		74. SIGNATURE OF WITNESS		75. SIGNATURE OF WITNESS		76. SIGNATURE OF WITNESS	
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81. SIGNATURE OF WITNESS		82. SIGNATURE OF WITNESS		83. SIGNATURE OF WITNESS		84. SIGNATURE OF WITNESS	
85. SIGNATURE OF WITNESS		86. SIGNATURE OF WITNESS		87. SIGNATURE OF WITNESS		88. SIGNATURE OF WITNESS	
89. SIGNATURE OF WITNESS		90. SIGNATURE OF WITNESS		91. SIGNATURE OF WITNESS		92. SIGNATURE OF WITNESS	
93. SIGNATURE OF WITNESS		94. SIGNATURE OF WITNESS		95. SIGNATURE OF WITNESS		96. SIGNATURE OF WITNESS	
97. SIGNATURE OF WITNESS		98. SIGNATURE OF WITNESS		99. SIGNATURE OF WITNESS		100. SIGNATURE OF WITNESS	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9421
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Pattie Lee Taylor</i>		2. DATE OF DEATH <i>Oct. 14/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>805 E 22nd St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 9-08</i>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>805 E. 22nd St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov 11 1916</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>35</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>S.C.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>James Taylor</i>	

18. <i>170X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of left breast.</i>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>10/18/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) - (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>6 Oct</i> , 19 <i>52</i> , to <i>14 Oct</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>13 Oct</i> , 19 <i>52</i> , and that death occurred at <i>8: A</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>R. C. Bennett</i>		23B. ADDRESS <i>121 Cingrath</i>		23C. DATE SIGNED <i>10-15-52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct 18/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary</i>	24D. LOCATION (City, town, or county) (State) <i>A. A. County</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 15 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>Mrs Robert G. Ellis & Son 1129 N. Caroline St.</i>

VS 150

correct is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1952

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of ...

On the ... day of ... 19...

at ...

... of ...

... of ...

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9420
Registered No.52 9420
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Louis Wenz</i>		2. DATE OF DEATH <i>Oct 14, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Mol Bari 3</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>9-05</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18</i>	
D. STREET ADDRESS (If rural, give location) <i>946 Montpelier St</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>10-24-90</i>	
9. AGE (in years last birthday) <i>61</i>		10. UNDER 1 Year Months Days	
11. BIRTHPLACE (State or foreign country) <i>Balto md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Jacob Wenz</i>		14. MOTHER'S MAIDEN NAME <i>Addie Albergh</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>184-22-8104</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i>		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (A) <i>Carcinoma of Bladder</i>			
DUE TO (B) <i>Benign Metastasis</i>			
DUE TO (C) <i>Benign Metastasis</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>10-13-52</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>10-13-52</i> to <i>10-14-52</i> , that I last saw the deceased alive on <i>10-14-52</i> and that death occurred at <i>1:40 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Sandora</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/17/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Fort Lincoln</i>		24D. LOCATION (City, town, or county) (State) <i>Washington, D.C.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>10/15/52</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Wm Cook Inc.</i>		ADDRESS <i>1217 St. Paul St.</i>	

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
JANUARY 15, 1912.

REPORT OF THE ATTORNEY GENERAL
ON THE PROCEEDINGS OF THE
COMMISSIONERS OF THE LAND OFFICE
IN CONNECTION WITH THE
LANDS BELONGING TO THE STATE.

ALBANY: JAMES B. LEECH, STATE PRINTER.
1912.

RECEIVED JAN 15 1912

OFFICE OF THE ATTORNEY GENERAL

ALBANY, N. Y.

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52 9422

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9422
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA EWELL

2. DATE
OF
DEATH

10-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 5401 Hillen Rd.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Home 5401 Hillen Road

C. Length of stay in Baltimore

3

5. SEX

F

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug 22, 1894

9. AGE (In years
last birthday)

58

10. Under 1 Year
Months: Days

1 23

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Thomas Hickman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

11. BIRTHPLACE (State or foreign country)

Accomac County

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Rachel A. Bunting

17. INFORMANT

ADDRESS

18.

300.7

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Starvation - intentional

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Anemia, deficiency type due to insufficient nourishment

DUE TO

(C)

Schizophrenia

INTERVAL BETWEEN
ONSET AND DEATH

6 mo's

2 mo's

Unknown

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

X

X

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 - 23, 1952, to 10 - 14, 1952, that I last saw the
deceased alive on 10 - 12, 1952, and that death occurred at 8:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

C. E. Sina

M. D.

23B. ADDRESS

2074 E. Belvidere Ave.

23C. DATE SIGNED

10-14-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10/16/52

24C. NAME OF CEMETERY OR CREMATORY

Nelsons Cemetery

24D. LOCATION (City, town, or county)

New Church

(State)

Va

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

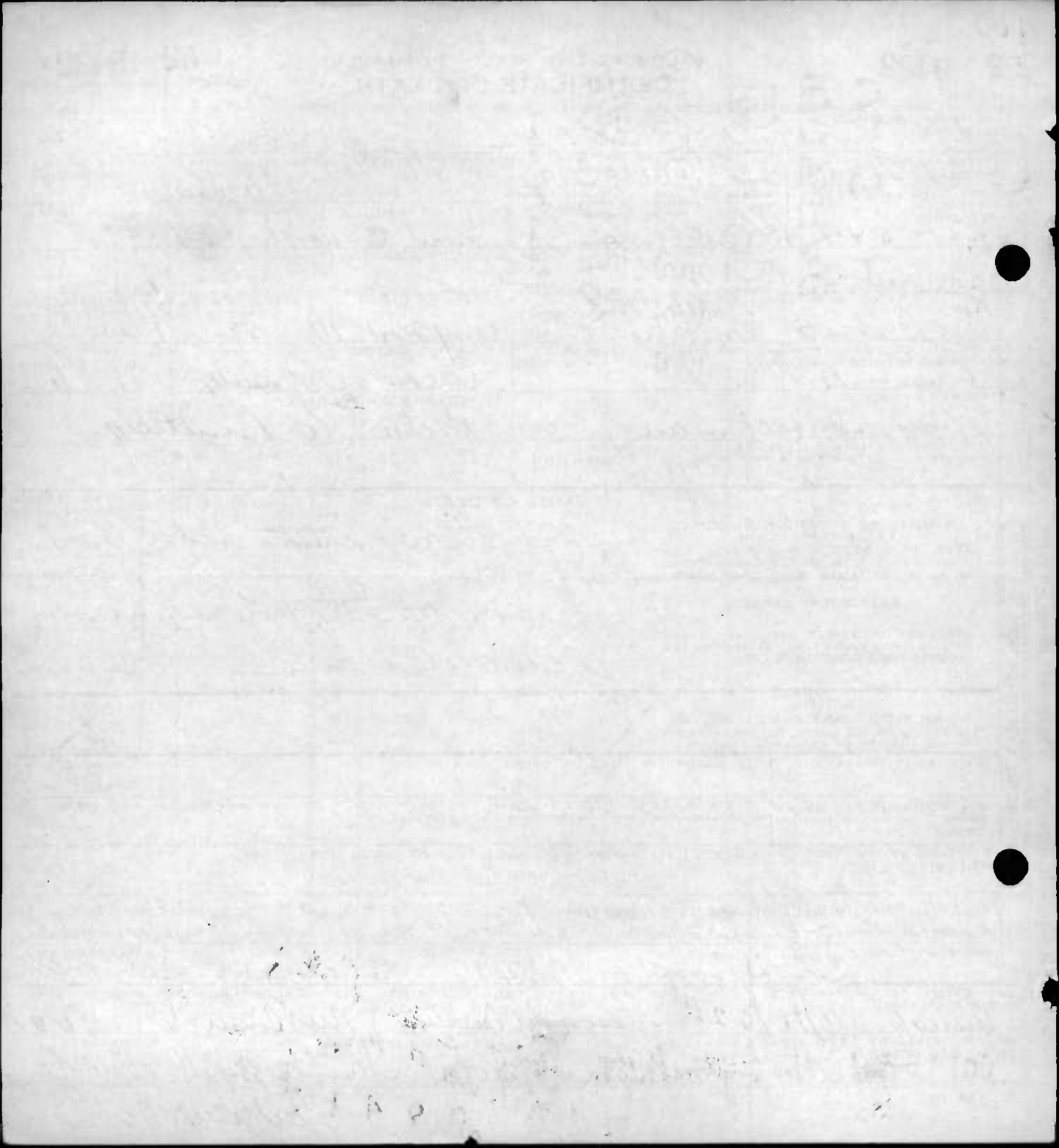
ADDRESS

Robert Shuman, 1414 Park Ave., Va

VS 150

95200094 Parkway, Va

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



660
52 9423BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9423
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Percy Brower, Jr.

2. DATE
OF
DEATH

10/11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION38 UNIVERSITY HOSPITAL
Acc. RoomYrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1918

9. AGE (In years
last birthday)

34

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PORTER

10B. KIND OF BUSINESS OR
INDUSTRY

Billmore Bar

11. BIRTHPLACE (State or foreign country)

Rockingham, N.C.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Percy Brower Sr.

14. MOTHER'S MAIDEN NAME

Carrie Sales

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War # 2

16. SOCIAL
SECURITY NO.

227-03-2057

17. INFORMANT

Earnest Brower Route 1 Box 145 N.C.

18.

493X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Toxic Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

No operation

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

No injury

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

No injury

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

No injury

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

No injury

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

No injury

22. I hereby certify that I attended the deceased from 10/11/52, 19, to 10/11/52, 19, that I last saw the
deceased alive on 10/11/52, 19, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel W. Deisher

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10/11/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Shipped

24B. DATE

10-15-1952

24C. NAME OF CEMETERY OR CREMATORY

Poplar Spring Cemetery, Rockingham, N.C.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

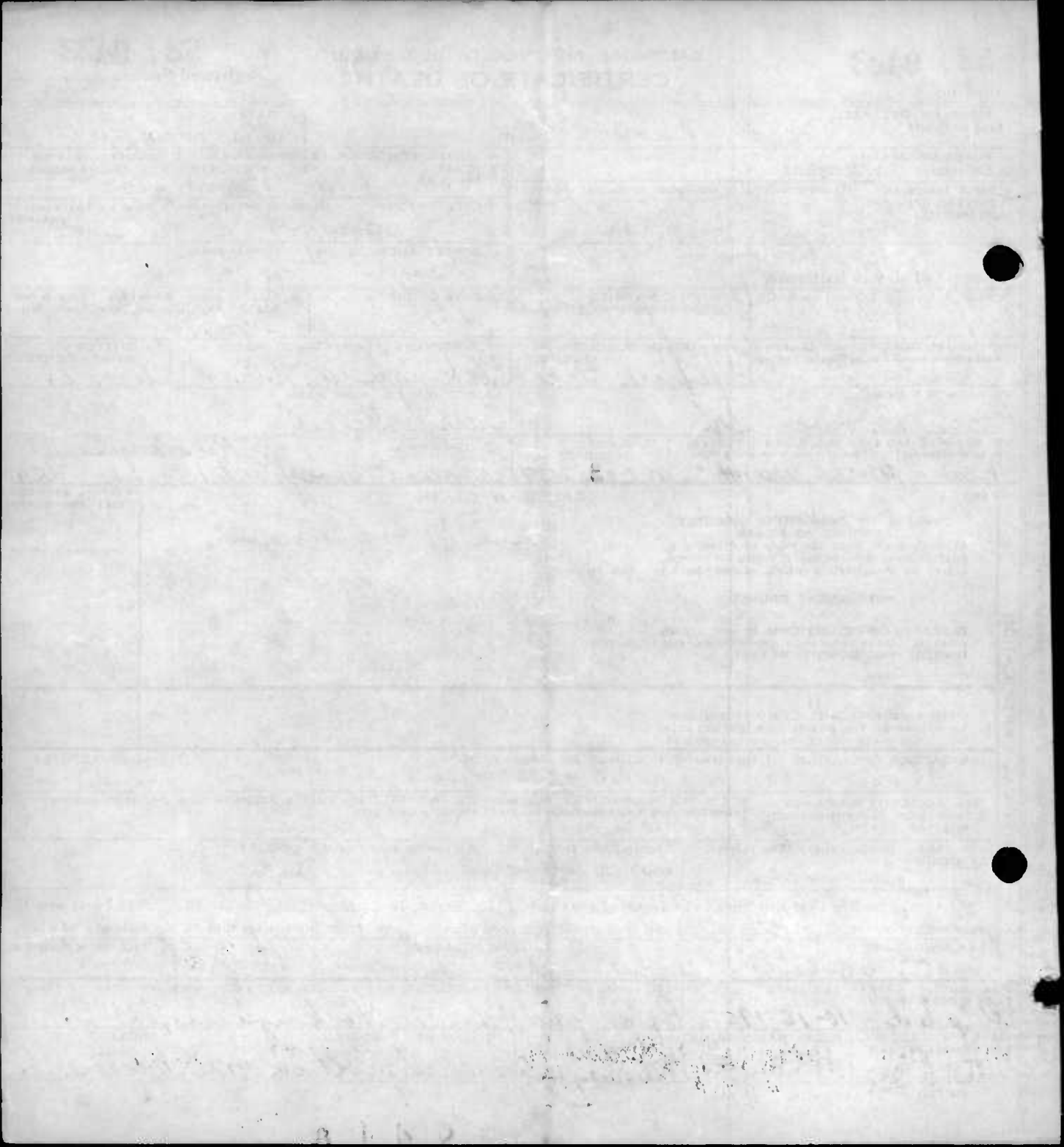
Randolph J. Collick 1412 E. Preston St.

ADDRESS

VS 150

1952 780 6418

MEDICAL CERTIFICATION
correctly is especially important. Physicians: please write the causes of death clearly and fully.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9424**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERBERT

BCRDMAN

2. DATE OF DEATH **October 10, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

721 S. Broadway

Length of stay in Baltimore

5. SEX
Male

6. COLOR OR RACE
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

about 1884

9. AGE (in years last birthday)

68

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Phila Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Crust.

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

yes

World War I

16. SOCIAL SECURITY NO.

213-14-5059

17. INFORMANT

ADDRESS

Peter Drzymala 721 S. Broadway

18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Calcific Disease of the Aortic Valve**

XXXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fatty Infiltration of the Liver

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED **10/11/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 15-1952

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart of Mary, Balto. Co.

24D. LOCATION (City, town, or county)

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 15 1952

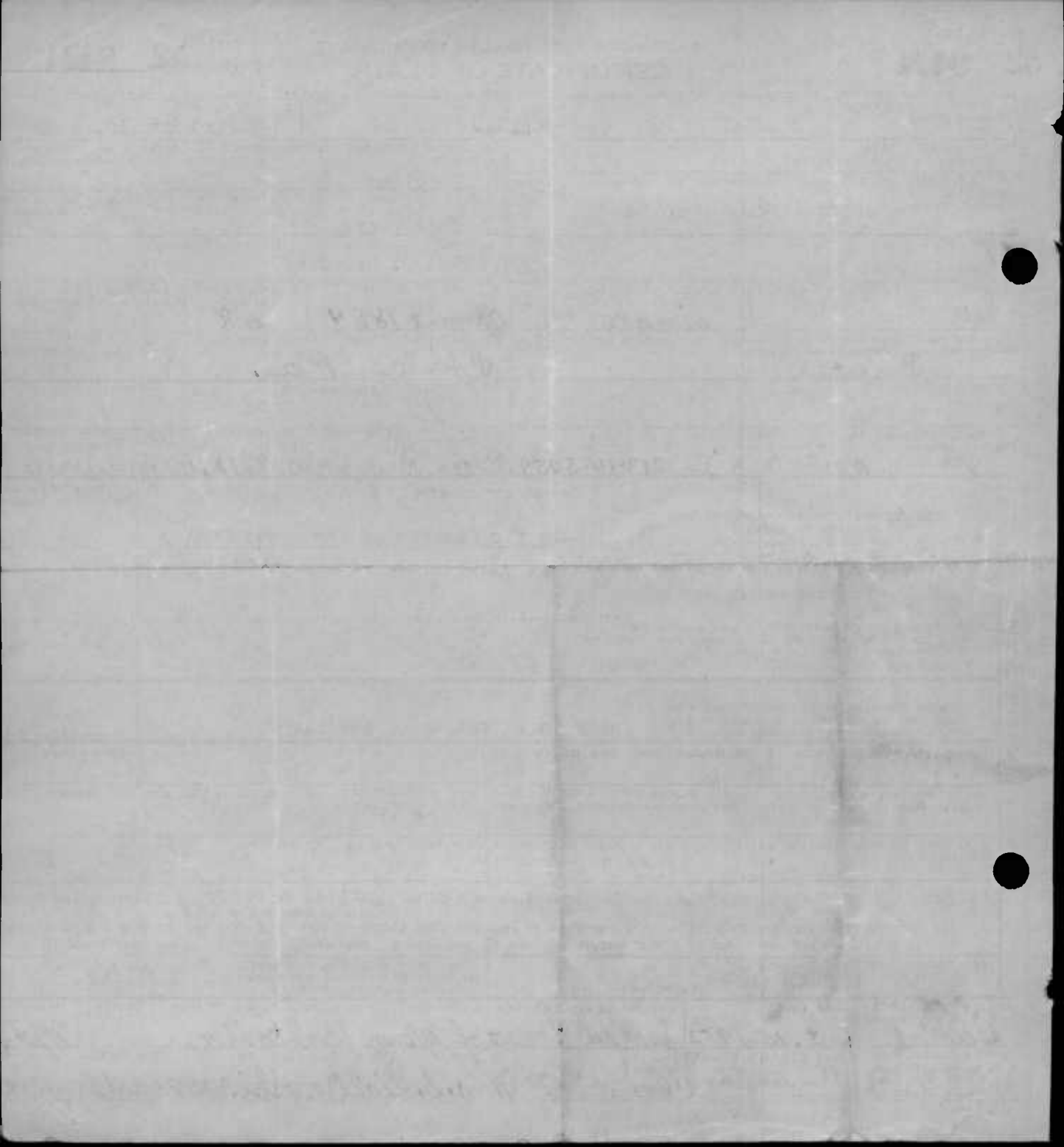
REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Wm. S. Fialkowski 9007 Eastern Ave

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9425
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Henry Johnson

2. DATE
OF
DEATH

10/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR U. S. Public Health Service (Location)
INSTITUTION

59 Wyman Park Drive and 31st St.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

A. STATE Virginia

B. COUNTY Westmorland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Erica

D. STREET ADDRESS (If rural, give location)

E. Length of stay in Baltimore ?

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4/17/95 4/17/95

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Rigger

10B. KIND OF BUSINESS OR
INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

United States

13. FATHER'S NAME

Robert Johnson

14. MOTHER'S MAIDEN NAME

Alice Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.
224-32-6379

17. INFORMANT

ADDRESS

Records - USPHS Hospital, Baltimore, Md.

18.

157X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma head of pancreas with
widespread metastases

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION
& 9/29/52 9/23/5219B. MAJOR FINDINGS OF OPERATION Metastatic carcinoma of
omentum mesenteries with widespread adhesions.

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24/52, 19__, to 10/14/52, 19__, that I last saw the
deceased alive on 10/14/52, 19__, and that death occurred at 1:10 p. m., from the causes and on the date stated above.

23A. SIGNATURE J. A. Hunter, Clinical Director

23B. ADDRESS
USPHS Hospital, Baltimore, Md.23C. DATE SIGNED
10/15/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/18/52

24C. NAME OF CEMETERY OR CREMATORY

Kilmarnock

24D. LOCATION (City, town, or county)

Kilmarnock, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 15 1952

VS 150

Huntington
Geo. S. Nelson
594 55 6303 Paestman St.

58 1053

DEPARTMENT OF HEALTH
CITY OF BOSTON
CERTIFICATE OF DEATH

Name of Deceased		Sex		Age	
John A. Smith		Male		45	
Residence		Occupation		Cause of Death	
123 Main St., Boston, Mass.		Carpenter		Heart Disease	
Date of Death		Time of Death		Place of Death	
Jan 15, 1925		10:30 AM		Home	
Physician		Burial Place		Signature of Physician	
Dr. J. B. Brown		St. Paul's Church		[Signature]	
Witness		Signature of Registrar		Remarks	
[Signature]		[Signature]		[Blank]	

112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9426
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK

WAZNIAK

2. DATE
OF
DEATH

October 15, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Pa. Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland Penitentiary

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

Maryland Penitentiary

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3/11/1889

9. AGE (In years last birthday)

63

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....

Oct. 15, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

952009421

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9428**

BIRTH NO. **650 9428**

1. NAME OF DECEASED (Type or Print) JULIA BROWN			2. DATE OF DEATH October 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 1702		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 25 yrs Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1109 Pennsylvania Avenue		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 2, 1895	9. AGE (in years last birthday) 57	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Sumpter, S. C.
13. FATHER'S NAME Wesley Gray			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Catherine Taylor-1719 Etting St.		

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION 10		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from **Autopsy, Inspection or Inquiry** the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE [Signature]		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED October 13, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct. 15, 1952	24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park	24D. LOCATION (City, town, or county) (State) Baltimore Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 15 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR ADDRESS Holland Funeral Home-1631 Druid Hill Ave.		

STATE OF NEW YORK
IN SENATE

January 15, 1903

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

APRIL 1, 1902

ALBANY: J. B. LEECH, STATE PRINTER

1903

ALBANY: J. B. LEECH, STATE PRINTER

1903

1903

1903

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9429**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fannie R. Mapp

2. DATE OF DEATH

Oct. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1600 Argyle Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *Maryland* B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 14-02

D. STREET ADDRESS (If rural, give location)

1600 Argyle Ave.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Apr. 15, 1889

9. AGE (In years last birthday)

63

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Essex Co. Va.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Charles Roan

14. MOTHER'S MAIDEN NAME

Jennie Esardner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. *1600 Argyle Ave.*

18. *1600 Argyle Ave.*

18. *4221*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *CARDIO VASCULAR DISEASE*

1 Yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *BROKEN COMPENSATION*

6 Mo's

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *SEPT 20, 1952*, to *OCT 13, 1952*, that I last saw the deceased alive on *SEPT 13, 1952*, and that death occurred at *5 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

William Frey

23B. ADDRESS

1928 Penna Ave

23C. DATE SIGNED

10/14/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 16, 1952

24C. NAME OF CEMETERY OR CREMATORY

Family Lot Essex Co. Va.

24D. LOCATION (City, town, or county)

Essex Co. Va.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Funeral Home

26. ADDRESS

1600 Argyle Ave

919

87

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1917

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>		<p>3. AGE</p>		<p>4. DATE OF BIRTH</p>		<p>5. PLACE OF BIRTH</p>		<p>6. OCCUPATION</p>	
<p>7. CAUSE OF DEATH</p>		<p>8. PLACE OF DEATH</p>		<p>9. TIME OF DEATH</p>		<p>10. SIGNATURE OF PHYSICIAN</p>		<p>11. SIGNATURE OF REGISTRAR</p>		<p>12. SIGNATURE OF WITNESSES</p>	
<p>13. PLACE OF INTERMENT</p>		<p>14. TIME OF INTERMENT</p>		<p>15. SIGNATURE OF MINISTER</p>		<p>16. SIGNATURE OF BURIAL SOCIETY</p>		<p>17. SIGNATURE OF FUNERAL HOME</p>		<p>18. SIGNATURE OF OTHER</p>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9430**

600
52 9430
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Geary, Emma Louise				2. DATE OF DEATH October 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 9-07	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital				C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore #18	
D. STREET ADDRESS (If rural, give location) 1740 Homestead Street				E. LENGTH OF STAY IN BALTIMORE 41 Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 21-1908		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			9. AGE (In years last birthday) 44		
10B. KIND OF BUSINESS OR INDUSTRY Own home			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME Robert C. Betz			12. CITIZEN OF WHAT COUNTRY? ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. 313-28-1527		
17. INFORMANT Mr. ALTON W GEARY - SAME			ADDRESS		
18. 416x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Congestive Heart Failure DUE TO ANTECEDENT CAUSES (B) Rheumatic heart disease DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 26, 1952 to Oct. 14, 1952, that I last saw the deceased alive on Oct. 14, 1952 and that death occurred at 3:10 pm., from the causes and on the date stated above.					
23A. SIGNATURE R. Glavin		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED Oct. 14, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/18/52		24C. NAME OF CEMETERY OR CREMATORY BALTIMORE	
24D. LOCATION (City, town, or county) BALTO Md		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS J. Ruck 5305 Harbor	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9431

550
52 9431
BIRTH NO. 52-25289

1. NAME OF DECEASED (Type or Print) <u>Baby Girl Baumann.</u>		2. DATE OF DEATH <u>10-14-52</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Memorial Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore (12) 27-38</u>	
Length of stay in Baltimore _____ Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>1129 Glen Eagle Road</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10-14-52</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days <u>0</u>
13. FATHER'S NAME <u>Lawrence Baumann.</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Agnes Shaffer.</u>	
17. INFORMANT		ADDRESS	

18. 795.5 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Unknown.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) _____
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C) _____

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10-14, 1952 to 10-14, 1954 that I last saw the deceased alive on 10-14, 1952, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE Agnes L. Baumann M. D. 23B. ADDRESS Union Memorial Hosp 23C. DATE SIGNED 10/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>10/15/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	24D. LOCATION (City, town, or county) (State) <u>Bald Md</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 15 1952</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, M.D.</u> ADDRESS <u>5305 Hartford</u>	

2310

R-240
52 9432

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9432
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK

Russell

2. DATE
OF
DEATH

OCT. 13-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1125 Broadview Apts

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write R.R.A., and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

116 W UNIVERSITY PKWY

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAR-28-1892

9. AGE (In years
last birthday)

60

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CLERK RACE TRACK

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

038-07-8152

17. INFORMANT

ADDRESS

MRS ELIZABETH RUSSELL- UNIV. PKWY

18. 4201 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CORONARY THROMBOSIS

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Disease

4-5 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Previous Coronary Occlusion 1949

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 1949, 19, to October 13, 1952 that I last saw the deceased alive on October 11, 1952, and that death occurred at 11:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Merland Edward Day

M. D.

23B. ADDRESS

4-E-33rd St Balto 18

23C. DATE SIGNED

October 15, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/17/52

24C. NAME OF CEMETERY OR CREMATORY

ARLINGTON NATIONAL

24D. LOCATION (City, town, or county)

ARLINGTON - VIRGINIA

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

5305 Harford Rd.

Dr. Day
4 E 33rd St.

520
9433BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9433
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Virginia Thomas

2. DATE
OF
DEATH

10/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 25347 Calvert

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION at home

C. Length of stay in Baltimore Left

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

13. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Myocarditis.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1945, to Oct. 14, 1952, that I last saw the deceased alive on Oct. 14, 1952, and that death occurred at 114 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness	
16. Signature of witness		17. Signature of witness		18. Signature of witness	
19. Signature of witness		20. Signature of witness		21. Signature of witness	
22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness	
28. Signature of witness		29. Signature of witness		30. Signature of witness	
31. Signature of witness		32. Signature of witness		33. Signature of witness	
34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness	
40. Signature of witness		41. Signature of witness		42. Signature of witness	
43. Signature of witness		44. Signature of witness		45. Signature of witness	
46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness	
52. Signature of witness		53. Signature of witness		54. Signature of witness	
55. Signature of witness		56. Signature of witness		57. Signature of witness	
58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness	
64. Signature of witness		65. Signature of witness		66. Signature of witness	
67. Signature of witness		68. Signature of witness		69. Signature of witness	
70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness	
76. Signature of witness		77. Signature of witness		78. Signature of witness	
79. Signature of witness		80. Signature of witness		81. Signature of witness	
82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness	
88. Signature of witness		89. Signature of witness		90. Signature of witness	
91. Signature of witness		92. Signature of witness		93. Signature of witness	
94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness	
100. Signature of witness		101. Signature of witness		102. Signature of witness	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9434

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Seamon Melvin

2. DATE
OF
DEATH

10-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

402 Seagull Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

25-32

D. STREET ADDRESS (If rural, give location)

402 Seagull Ave

Length of stay in Baltimore

30 yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

wid.

8. DATE OF BIRTH

Oct. 3, 1891

9. AGE (In years
last birthday)

61 yrs 0

If Under 1 Year
Months: Days: Hours: Min.

13

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Brick Layers Helper

10B. KIND OF BUSINESS OR
INDUSTRY

wid.

11. BIRTHPLACE (State or foreign country)

Clarkton, N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Curtis Melvin

14. MOTHER'S MAIDEN NAME

Mary Ann ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no.

16. SOCIAL
SECURITY NO.

213-01-4379

17. INFORMANT

Erna Melvin; Same.

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Heart Disease

6 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral Accident

DUE TO

(C) Arterio Sclerotic Heart Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Oct. 14, 1952, that I last saw the
deceased alive on Oct. 14, 1952, and that death occurred at 1:20 PM, from the causes and on the date stated above.

23A. SIGNATURE

Kerns L. Luck

M. D.

23B. ADDRESS

427 Swale ave. Balt 25-nd

23C. DATE SIGNED

10-15-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10-18-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

D.D. County, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Joseph S. Locks, Jr 1504 N. Center

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1910-10-10

10-10-10

Name of Deceased		Sex		Age		Date of Birth		Place of Birth	
John Doe		Male		45		10-10-10		New York City	
Cause of Death		Occupation		Marital Status		Religion		Race	
Heart Disease		Teacher		Married		Catholic		Caucasian	
Date of Death		Place of Death		Time of Death		Physician		Burial Place	
10-10-10		New York City		10:00 AM		Dr. Smith		Catholic Cemetery	
Signature of Physician		Signature of Registrar		Signature of Informant		Signature of Witness		Signature of Coroner	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9435

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Barbara Boeb

2. DATE
OF
DEATH

October 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. STATE B. COUNTY before admission)

Maryland

Anne Arundel

C. CITY OR TOWN

Glen Burnie

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

434 Maple Lane N.W.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 13, 1898

9. AGE (in years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

August Ruckling

14. MOTHER'S MAIDEN NAME

Minnie Fogel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Fitz Boeb

ADDRESS

Glen Burnie, Md.

1B. 561.2 and 260X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

10-13-52

19B. MAJOR FINDINGS OF OPERATION

Gangrene, eleven & colon up to splenic

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. Coonway

23B. ADDRESS

South Baltimore Road 16795

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 16, 1952

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Glen Burnie

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

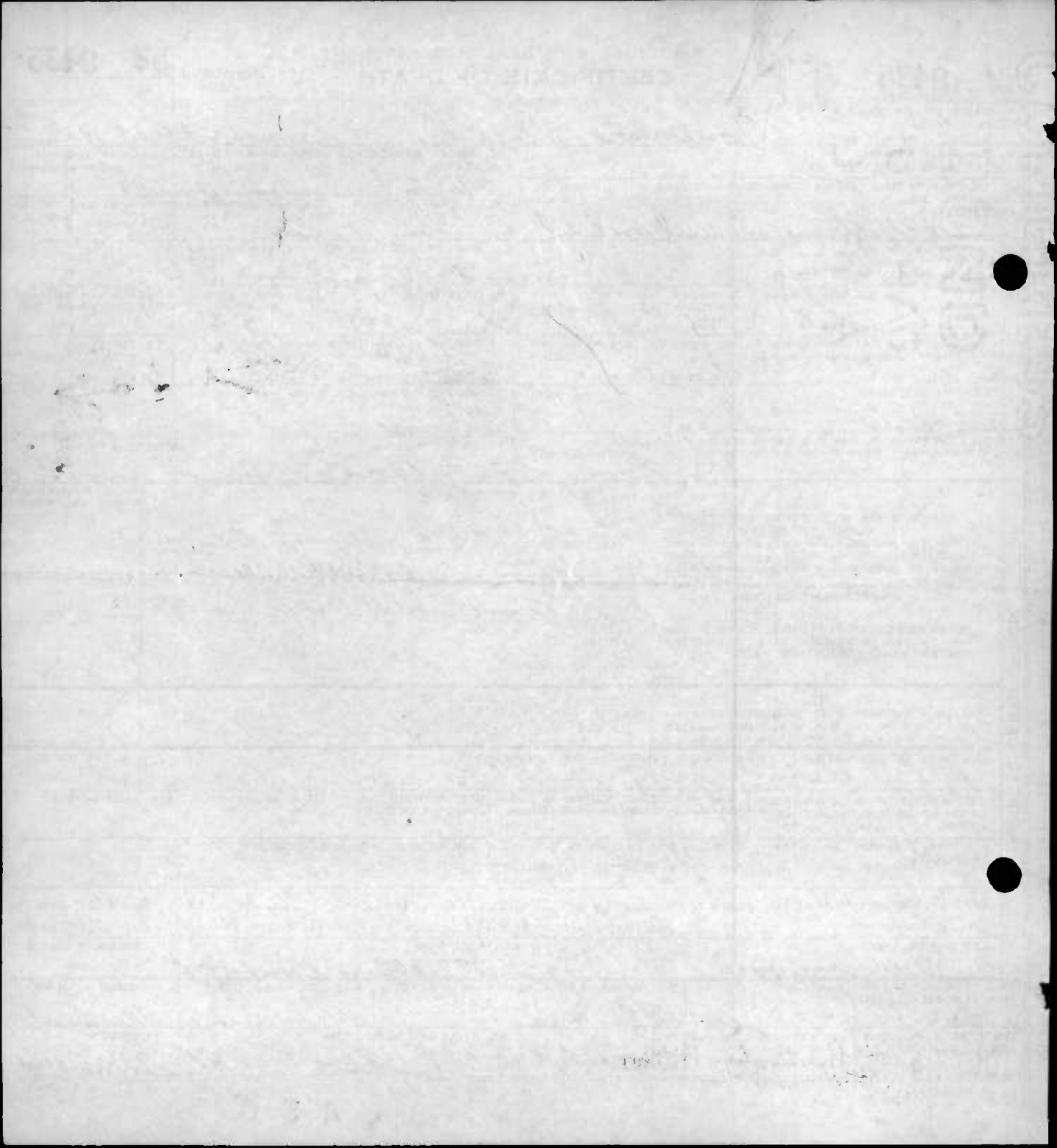
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

R.V. Linghetti

ADDRESS

Glen Burnie, Md.



213
52 9436

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9436

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY A. McFADDEN

2. DATE
OF
DEATH

10-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)
JENKINS MEMORIAL HOSPITAL
1000 Caton Ave. Balto. Md.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY
1311 Madison St. N.W. V-48

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Washington, D. C.,

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

11 --- Yrs.
25 --- Mos.
21 --- Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

B. DATE OF BIRTH

8-13-76

9. AGE (In years last birthday)

76

10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Registered Nurse

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.,

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Patrick Joseph

14. MOTHER'S MAIDEN NAME

Ann Doran

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

1B. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction
DUE TO Coronary Artery Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Atherosclerotic Cardio Vascular Disease
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Generalized Atherosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9-1, 1952 to 10-15, 1952 that I last saw the deceased alive on 10-15, 1952, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

OCT 17 1952

SACRED HEART CEM.

WINCHESTER, YA.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 15 1952

Huntington Wm.

B. C. HARLE

E. WEST ST.

VS 150

19520009431

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

15-843

CERTIFICATE OF DEATH

15-843

NAME OF DECEASED		DATE OF DEATH	
PLACE OF DEATH		CAUSE OF DEATH	
AGE		SEX	
OCCUPATION		EDUCATION	
MARRIAGE		RELIGION	
BIRTH		DEATH	
SIGNATURE		DATE	

Handwritten signature and text, likely a medical certificate or death record.

NAME OF DECEASED		DATE OF DEATH	
PLACE OF DEATH		CAUSE OF DEATH	
AGE		SEX	
OCCUPATION		EDUCATION	
MARRIAGE		RELIGION	
BIRTH		DEATH	
SIGNATURE		DATE	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9437**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John E. Flowers		2. DATE OF DEATH 10-14-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 2624 Slewlyn Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2624 Slewlyn Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 17, 1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sandy Man		10B. KIND OF BUSINESS OR INDUSTRY Tenney Eng. Co.	9. AGE (in years last birthday) 60 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Walter E. Flowers		12. CITIZEN OF WHAT COUNTRY? New York	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		11. BIRTHPLACE (State or foreign country) New York	
16. SOCIAL SECURITY NO. 091-05-8677		14. MOTHER'S MAIDEN NAME J. Elizabeth Lucy	
17. INFORMANT Mary C. Flowers		ADDRESS 2624 Slewlyn Ave.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 30 minutes
DUE TO Antecedent Causes		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis		approx 4 yrs
DUE TO Other Significant Conditions Contributing to the Death, but not related to the disease or condition causing it. Virus Pneumonia		10 days

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **12 Nov**, 1951, to **14 Oct**, 1952, that I last saw the deceased alive on **114 Oct**, 1952, and that death occurred at **11:50A** m., from the causes and on the date stated above.

23A. SIGNATURE Howard Johnson		23B. ADDRESS 1515 N. Milton Ave		23C. DATE SIGNED 14 Oct 52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10-17-52	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.	24D. LOCATION (City, town, or county) (State) North Ave. - Balto. Md.	

DATE RECEIVED BY LOCAL REGISTRAR OCT 15 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John C. Miller Inc.	ADDRESS 2435 E. Oliver St.
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VS 150

MEDICAL CERTIFICATION

Do not write on this space. It is for the use of the coroner or medical examiner.

1340

WEDMORE & HEATH CARRIAGE
CERTIFICATE OF DEATH

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WEDMORE & HEATH CARRIAGE
CERTIFICATE OF DEATH

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CERTIFICATE OF DEATH

WEDMORE & HEATH CARRIAGE
CERTIFICATE OF DEATH

135
52 9438BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9438
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN L. SPEDDEN		2. DATE OF DEATH October 13, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Siani Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE Life		d. STREET ADDRESS (If rural, give location) 3711 Hayward Avenue	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Oct. 7, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Auditor		10b. KIND OF BUSINESS OR INDUSTRY Hotel Business	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Hugh Spedden		14. MOTHER'S MAIDEN NAME Mary Frances Spedden	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 219-22-7489	
17. INFORMANT Madeline F. Spedden		ADDRESS 3711 Hayward Avenue	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion. DUE TO Stone in common bile duct. A.S.C.V.D.			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-13 , 19 52 to 10-13 , 19 52 that I last saw the deceased alive on 10-13 , 19 52 and that death occurred at 2:12 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Bernard Balshin		23b. ADDRESS Swai Hosp. of Balt. Ins.	
23c. DATE SIGNED 10-12-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 16/52	
24c. NAME OF CEMETERY OR CREMATORY Greenmount		24d. LOCATION (City, town, or county) Baltimore	
24e. DATE RECEIVED BY LOCAL REGISTRAR OCT 15 1952		24f. REGISTRAR'S SIGNATURE H. J. Williams	
25. FUNERAL DIRECTOR Long & Sons		ADDRESS 5045 Ph. 4th Ave	

1

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9439

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES MATTOX

2. DATE
OF
DEATH

10/12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balt

B. FULL NAME OF HOSPITAL OR INSTITUTION

UNIVERSITY HOSP. - D.O.A.

Length of stay in Baltimore

Life

5. SEX

m

6. COLOR OR RACE

c

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Child

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR INDUSTRY

—

13. FATHER'S NAME

James Mattox Sr.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

James Mattox Sr. - 504 N. Arlington Ave

ADDRESS

18. 475X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Upper Respiratory Infection.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

10/12/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

10/15/52

24C. NAME OF CEMETERY OR CREMATORY

Wt. Auburn Ct

24D. LOCATION (City, town, or county)

Balt City

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

108 W. Montgomery St

VS 151

62-0-88

10/18/42

10/18/42

62-0-88



655
52 9440BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9440

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY GERMAN		2. DATE OF DEATH 10/15/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 184 W. HAMBURG ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 23-01	
Length of stay in Baltimore 60 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 184 W. HAMBURG ST.	
5. SEX F	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 16, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY HOME	9. AGE (In years last birthday) 68
13. FATHER'S NAME ALBERT KELLAM		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT EVA GLOVER-184 W. HAMBURG ST.		ADDRESS	

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CEREBRAL EMBOLISM**STAT**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

ARTERIOSCLER. CARDIOVASCULAR**2 YRS.**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

BILAT. VARICOSE ULCERS**8 YRS**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7/16**, 19**52**, to **OCT. 15**, 19**52**, that I last saw the deceased alive on **OCT. 14**, 19**52**, and that death occurred at **2 PM**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9441
Registered No. 52 9441

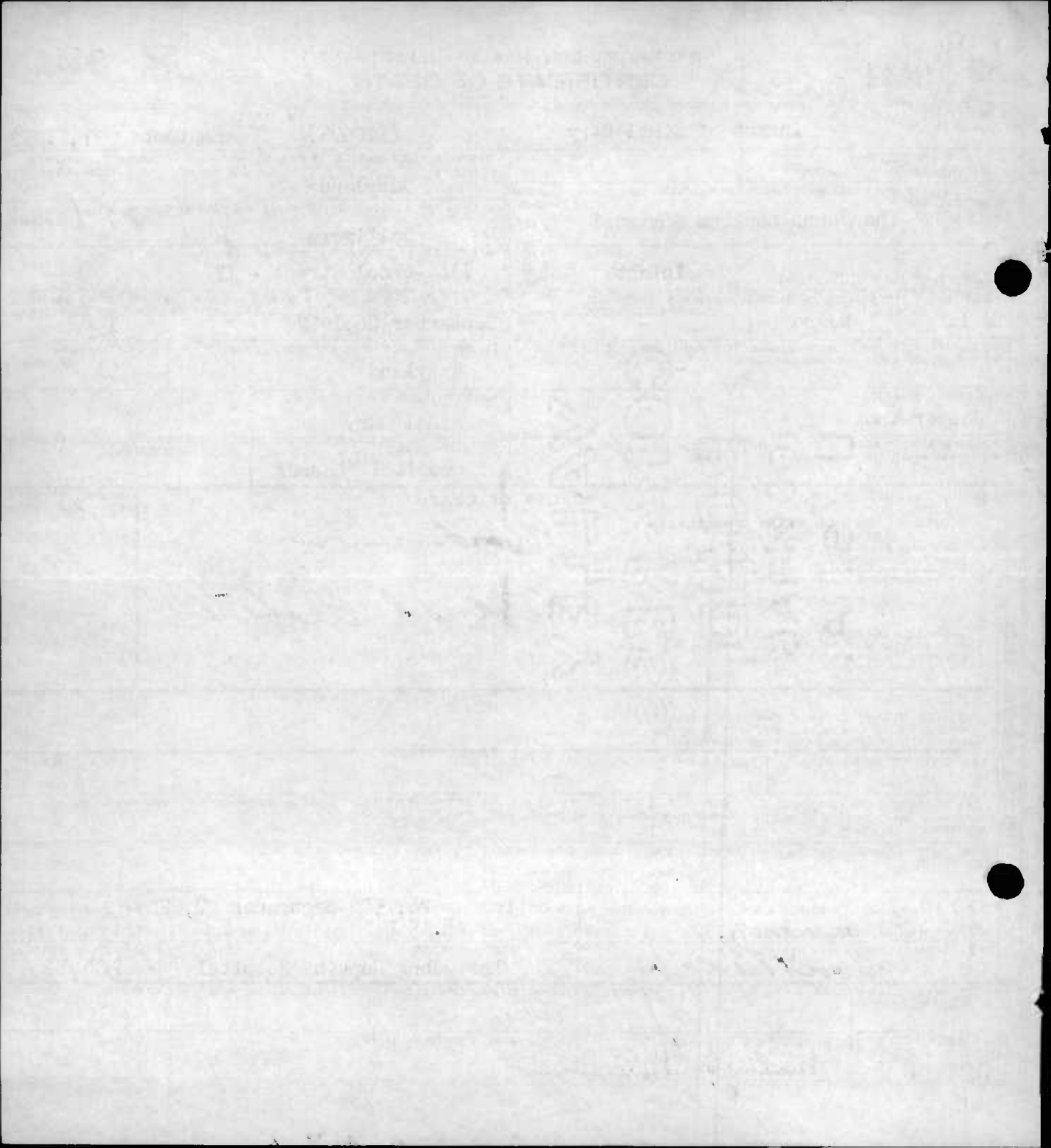
600
52 9441 52.23229
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Infant of Ethel Gary		2. DATE OF DEATH September 27, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) The Johns Hopkins Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 14 Infant		d. STREET ADDRESS (If rural, give location) 716 School Street - 17	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH September 26, 1952
			9. AGE (In years last birthday) 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Maryland	
10b. KIND OF BUSINESS OR INDUSTRY -		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Jasper Knox		14. MOTHER'S MAIDEN NAME Ethel Gary	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT Hospital Records	
		ADDRESS	

18. 769.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Unknown (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. maternal diabetes (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from September 26, 1952 to September 27, 1952 , that I last saw the deceased alive on September 27, 1952 , and that death occurred at 8.15 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE Len & Ben by		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 9/29/52	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Johns Hopkins		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR OCT 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR		ADDRESS	



BIRTH NO. **M.L.B 162867.**

1. NAME OF DECEASED
(Type or Print)

Thomas, Baby Girl Louise Lonie

2. DATE
OF
DEATH

10-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE
**Baltimore City Hospitals
4940 Eastern Ave**

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

871 Greenmount Ave

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 7, 1952

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.
28 days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Thomas

14. MOTHER'S MAIDEN NAME

Lonie Glover

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMATION ADDRESS
**Baltimore City Hospitals
Records: 4940 Eastern Ave**

18. **571.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Diarrhea**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Prematurity**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **9-7-**, 1952, to **10-5-**, 1952, that I last saw the deceased alive on **10-5-**, 1952, and that death occurred at **6:..P.M.** from the causes and on the date stated above.

23A. SIGNATURE

H.C. Jones Ben

M. D.

23B. ADDRESS

4940 Eastern Ave Balto. Md.

23C. DATE SIGNED

10-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

10-8-52

24C. NAME OF CEMETERY OR CREMATORY

B.C.H. Crematory

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

OCT 16 1952

UNITED STATES DEPARTMENT OF HEALTH
CENTROPRATE OF DRAIN

1950

REPORT FOR THE YEAR 1950

FOR THE YEAR 1950

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52 9443

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9443

BIRTH NO. M.L.B. 163698

1. NAME OF DECEASED (Type or Print) Harlow, Baby Boy Margaret		2. DATE OF DEATH 10-3-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 665 W. Lexington St		5. SEX Male	
6. COLOR OR RACE Negro		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Oct. 2, 1952		9. AGE (In years last birthday) 1 Under 1 Year 1 Under 24 Hours 1 Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Richard Harlow		14. MOTHER'S MAIDEN NAME Margaret Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMATION FROM Baltimore City Hospitals Records: 4940 Eastern Ave		18. 768.5 I 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Septicemia DUE TO (A) Prematurity DUE TO (B) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	

MEDICAL CERTIFICATION

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-2 , 19 52 , to 10-3 , 19 52 , that I last saw the deceased alive on 10-3 , 19 52 , and that death occurred at 9:15 A.M. from the causes and on the date stated above.					
23A. SIGNATURE A. P. G. [Signature]		23B. ADDRESS Baltimore Maryland		23C. DATE SIGNED 10-11-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 10-7-52		24C. NAME OF CEMETERY OR CREMATORY B.C.H. crematory	
24D. LOCATION (City, town, or county) (State) Baltimore Maryland		25. FUNERAL DIRECTOR ADDRESS			
DATE RECEIVED BY LOCAL REGISTRAR OCT 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DEATH CERTIFICATE

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

PERIOD OF ILLNESS

PREVAILING DISEASE

PREVAILING WEATHER

PREVAILING TEMPERATURE

PREVAILING HUMIDITY

PREVAILING WIND

PREVAILING CLOUDS

PREVAILING MOON

PREVAILING STARS

PREVAILING PLANETS

PREVAILING SIGNS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9444**

BIRTH NO.

M.L.B 163593

1. NAME OF DECEASED
(Type or Print)

Jones, Baby Boy Louise

2. DATE

OF DEATH **10-6-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION **Baltimore City Hospitals**
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write LURAY and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1536 Argyle Ave

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9-29-52

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

7 days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wallace Jones

14. MOTHER'S MAIDEN NAME

Louise Watkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMATION ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave

18. **776x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Prematurity**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **9-29**, 19**52**, to **10-6**, 19**52** that I last saw the deceased alive on **10-6**, 19**52**, and that death occurred at **3:30 A.M.** from the causes and on the date stated above.

23A. SIGNATURE

H. C. Jones, M.D.

23B. ADDRESS

4940 Eastern Ave, Balto. Md.

23C. DATE SIGNED

10-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremated

24B. DATE

10-9-52

24C. NAME OF CEMETERY OR CREMATORY

B.C.H. Crematory

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

DECEASED'S NAME

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

DECEASED'S RESIDENCE

DECEASED'S OCCUPATION

DECEASED'S MARITAL STATUS

DECEASED'S SOCIAL SECURITY NUMBER

DECEASED'S BIRTH DATE

DECEASED'S BIRTH PLACE

DECEASED'S BIRTH TIME

DECEASED'S BIRTH WEIGHT

DECEASED'S BIRTH LENGTH

DECEASED'S BIRTH HEAD CIRCUMFERENCE

DECEASED'S BIRTH ARM CIRCUMFERENCE

DECEASED'S BIRTH LEG CIRCUMFERENCE

DECEASED'S BIRTH SKIN COLOR

DECEASED'S BIRTH HAIR COLOR

DECEASED'S BIRTH EYE COLOR

DECEASED'S BIRTH MOUTH COLOR

DECEASED'S BIRTH NOSE COLOR

DECEASED'S BIRTH EAR COLOR

DECEASED'S BIRTH FINGER COLOR

DECEASED'S BIRTH TOE COLOR

DECEASED'S BIRTH NAIL COLOR

DECEASED'S BIRTH SKIN TONE

DECEASED'S BIRTH SKIN TYPE

DECEASED'S BIRTH SKIN CONDITION

DECEASED'S BIRTH SKIN TREATMENT

DECEASED'S BIRTH SKIN CARE

DECEASED'S BIRTH SKIN PROTECTION

DECEASED'S BIRTH SKIN REPAIR

DECEASED'S BIRTH SKIN REjuvenation

530
AB-163306
52 944552-22897
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9445
Registered No.

1. NAME OF DECEASED (Type or Print) Baby Boy Smith		2. DATE OF DEATH Sept. 21-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admision) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 723 Bradley St. zone 1	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 19-1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 3 II Under 1 Year Months: Days: Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Ernest Pinkney		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Mary E. Smith		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals ADDRESS Records: 4940 Eastern Ave.	

18. 760.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subarachnoid Hemorrhage CAUSE OF DEATH (A) DUE TO Subdural Hematoma (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 2 days ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9-19-**, 19**52**, to **9-21-**, 19**52**, that I last saw the deceased alive on **9-21-**, 19**52**, and that death occurred at **3.45A** m., from the causes and on the date stated above.

23A. SIGNATURE **H. J. Williams** M. O. 23B. ADDRESS **4940 Eastern Ave., Baltimore, Md.** 23C. DATE SIGNED **10-4-1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 9-23-1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals		24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave., Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR		ADDRESS	

563
52 9446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9446

BIRTH NO. 52-17841

1. NAME OF DECEASED
(Type or Print)

Linda Smarden

2. DATE
OF
DEATH

Oct. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

H R H 4W

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore 18-02

D. STREET ADDRESS (If rural, give location)

107 N. Carey Street

E. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8-6-52

9. AGE (In years
last birthday)

11 Under 1 Year
Months: Days: Hours: Min.

2 8

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward J. Smarden

14. MOTHER'S MAIDEN NAME

Anna M. Krausch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 571.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Diarrhea & dehydration

3 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

malnutrition
electrolyte imbalance

?

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE OLD
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/8, 1952, to 10/14, 1952, that I last saw the deceased alive on 10/14, 1952, and that death occurred at 12:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Oct 14, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

10/16/52

24C. NAME OF CEMETERY OR CREMATORY

Glenn Harlan Cemetery

24D. LOCATION (City, town, or county)

Anne Arundel County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1212 St. Paul St.

CENTRE DEATH OF DEATH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

U.S. DEPT. OF HEALTH AND HUMAN SERVICES

U.S. DEPT. OF HEALTH AND HUMAN SERVICES
CENTRE DEATH OF DEATH
DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTRE DEATH OF DEATH
DEPARTMENT OF HEALTH AND HUMAN SERVICES

U.S. DEPT. OF HEALTH AND HUMAN SERVICES

U.S. DEPT. OF HEALTH AND HUMAN SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9447
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Anna E. Tillack

2. DATE
OF
DEATH

October 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

Baltimore

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2623 Cold Spring Lane

D. STREET ADDRESS (If rural, give location)

601 North Bend Road

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

April 6, 1867

9. AGE (in years last birthday)

85

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY
own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Peter Schlesinger

14. MOTHER'S MAIDEN NAME

Fredericka Schroepfer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

C. Albert Tillack, 621 North Bend Road

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute congestive failure

20 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic Cardiovascular Disease

years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from _____, 19____, to **October 15, 1952**, that I last saw the deceased alive on **Oct. 15, 1952**, and that death occurred at **3:20 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Louis R. Muen

23B. ADDRESS

4335 Park Heights

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

10/17/52

24C. NAME OF CEMETERY OR CREMATORY

St. Pauls Cemetery

24D. LOCATION (City, town, or county)

Violetsville, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Wm Cook, Inc.

ADDRESS

1217 St. Paul Street

OCT 16 1952

CERTIFICATE OF DEATH

<p>1. Name of deceased: _____</p>		<p>2. Sex: _____</p>		<p>3. Age: _____</p>	
<p>4. Date of death: _____</p>		<p>5. Time of death: _____</p>		<p>6. Place of death: _____</p>	
<p>7. Cause of death: _____</p>		<p>8. Manner of death: _____</p>		<p>9. Signature of physician: _____</p>	
<p>10. Signature of registrar: _____</p>		<p>11. Signature of informant: _____</p>		<p>12. Signature of medical examiner: _____</p>	
<p>13. Signature of coroner: _____</p>		<p>14. Signature of jury: _____</p>		<p>15. Signature of witness: _____</p>	
<p>16. Signature of funeral home: _____</p>		<p>17. Signature of cemetery: _____</p>		<p>18. Signature of other: _____</p>	
<p>19. Signature of other: _____</p>		<p>20. Signature of other: _____</p>		<p>21. Signature of other: _____</p>	
<p>22. Signature of other: _____</p>		<p>23. Signature of other: _____</p>		<p>24. Signature of other: _____</p>	
<p>25. Signature of other: _____</p>		<p>26. Signature of other: _____</p>		<p>27. Signature of other: _____</p>	
<p>28. Signature of other: _____</p>		<p>29. Signature of other: _____</p>		<p>30. Signature of other: _____</p>	
<p>31. Signature of other: _____</p>		<p>32. Signature of other: _____</p>		<p>33. Signature of other: _____</p>	
<p>34. Signature of other: _____</p>		<p>35. Signature of other: _____</p>		<p>36. Signature of other: _____</p>	
<p>37. Signature of other: _____</p>		<p>38. Signature of other: _____</p>		<p>39. Signature of other: _____</p>	
<p>40. Signature of other: _____</p>		<p>41. Signature of other: _____</p>		<p>42. Signature of other: _____</p>	
<p>43. Signature of other: _____</p>		<p>44. Signature of other: _____</p>		<p>45. Signature of other: _____</p>	
<p>46. Signature of other: _____</p>		<p>47. Signature of other: _____</p>		<p>48. Signature of other: _____</p>	
<p>49. Signature of other: _____</p>		<p>50. Signature of other: _____</p>		<p>51. Signature of other: _____</p>	
<p>52. Signature of other: _____</p>		<p>53. Signature of other: _____</p>		<p>54. Signature of other: _____</p>	
<p>55. Signature of other: _____</p>		<p>56. Signature of other: _____</p>		<p>57. Signature of other: _____</p>	
<p>58. Signature of other: _____</p>		<p>59. Signature of other: _____</p>		<p>60. Signature of other: _____</p>	
<p>61. Signature of other: _____</p>		<p>62. Signature of other: _____</p>		<p>63. Signature of other: _____</p>	
<p>64. Signature of other: _____</p>		<p>65. Signature of other: _____</p>		<p>66. Signature of other: _____</p>	
<p>67. Signature of other: _____</p>		<p>68. Signature of other: _____</p>		<p>69. Signature of other: _____</p>	
<p>70. Signature of other: _____</p>		<p>71. Signature of other: _____</p>		<p>72. Signature of other: _____</p>	
<p>73. Signature of other: _____</p>		<p>74. Signature of other: _____</p>		<p>75. Signature of other: _____</p>	
<p>76. Signature of other: _____</p>		<p>77. Signature of other: _____</p>		<p>78. Signature of other: _____</p>	
<p>79. Signature of other: _____</p>		<p>80. Signature of other: _____</p>		<p>81. Signature of other: _____</p>	
<p>82. Signature of other: _____</p>		<p>83. Signature of other: _____</p>		<p>84. Signature of other: _____</p>	
<p>85. Signature of other: _____</p>		<p>86. Signature of other: _____</p>		<p>87. Signature of other: _____</p>	
<p>88. Signature of other: _____</p>		<p>89. Signature of other: _____</p>		<p>90. Signature of other: _____</p>	
<p>91. Signature of other: _____</p>		<p>92. Signature of other: _____</p>		<p>93. Signature of other: _____</p>	
<p>94. Signature of other: _____</p>		<p>95. Signature of other: _____</p>		<p>96. Signature of other: _____</p>	
<p>97. Signature of other: _____</p>		<p>98. Signature of other: _____</p>		<p>99. Signature of other: _____</p>	
<p>100. Signature of other: _____</p>		<p>101. Signature of other: _____</p>		<p>102. Signature of other: _____</p>	

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JEANNETTE PRICE

2. DATE

OF DEATH October 13, '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

Md.

8. FULL NAME OF (If not in hospital or institution, give street address or location)

1329 Cambria St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1329 Cambria St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 31, 1884

9. AGE (In years last birthday)

68

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William H. Kyle

14. MOTHER'S MAIDEN NAME

Margaret V. Peel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Grace Anderson 1329 Cambria St.

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acidosis

DUE TO

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Intestinal Obstruction

DUE TO

(C)

Carcinoma - Metastatic

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Retroperitoneal, involving kidneys and U tract.

Primary site--Ovarian (Operation about 10 years ago)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 4, 1950, to Oct. 13, 1952, that I last saw the deceased alive on Oct. 11, 1952, and that death occurred at 4:44 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Paul L. L.

M. D.

23B. ADDRESS

920 Parkersburg Ave

23C. DATE SIGNED

10/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 17, '52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county)

Ritchie Hgwy

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 16 1952 Huntington Williams, Jr.

JOHN F. DENNY, INC. 715 Light St.

See Document File

11 Paul Lubin

9-11 -

320 Paterson Ave

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9450**

BIRTH NO. **125 600 9450**

1. NAME OF DECEASED (Type or Print) ALINE ROBISON (MOORE)			2. DATE OF DEATH October 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 35 Yrs. 35 Mos. Days 			D. STREET ADDRESS (If rural, give location) 546 W. Mulberry St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-26-1902	9. AGE (In years last birthday) 50	10. Under 1 Year Months: Days: Hours: Min:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK			10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC		
11. BIRTHPLACE (State or foreign country) MARYLAND			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME JAMES BLAKE. Md			14. MOTHER'S MAIDEN NAME MARY BLAKE. Md		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN UNKNOWN			16. SOCIAL SECURITY NO.		
17. INFORMANT REGINA THOMAS			ADDRESS 1824 MADISON AVE.		

18. **E 916.0 and 322.0**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Carbon Monoxide Poisoning and Third Degree Burns of Chest and Neck**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute alcoholism

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 546 W. Mulberry St.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY found Oct. 12, 1952 3: Pm.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? burned in home after bed caught fire	

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** on and from **Autopsy, Inspection or Inquiry** the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Oct. 13, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 10-16-52		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEM BALTIMORE	
DATE RECEIVED BY LOCAL REGISTRAR OCT 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR William Jackson	
				ADDRESS Pennac	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9451**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edwin Kemp Ballard M.D.

2. DATE
OF
DEATH

Oct. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1301 Park Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1622 Mt Royal Ave

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 19, 1863

9. AGE (in years;
last birthday)

88

10. Under 1 Year
Months: Days

11. Under 24 hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Medical doctor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George E. Ballard

14. MOTHER'S MAIDEN NAME

Mary Louisa Waters Davy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr Donald D. Ballard 1622 Mt. Royal Ave

18. **794x and 178x**
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) **Broncho Pneumonia Terminal**
DUE TO

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **Arteriosclerosis, Myocardial**
DUE TO

(C) **Furunculosis & Broncho Pneumonia**
Terminal

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Prostatic Hypertrophy

19A. DATE OF OPERATION

Aug 1952

19B. MAJOR FINDINGS OF OPERATION

Orchectomy, Seminoma Testis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept 15, 1952**, to **Oct 13, 1952**, that I last saw the
deceased alive on **Oct 13, 1952**, and that death occurred at **10 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Wm H Smith

M. D.

23B. ADDRESS

3424 Chestnut Ave

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/17/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 16 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

H. H. Means & Son 805 N. Calvert St

ADDRESS

CENTRAL INTELLIGENCE AGENCY

MEMORANDUM FOR THE DIRECTOR

DATE: 10/10/50

FROM: [illegible]

SUBJECT: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]

15. [illegible]

16. [illegible]

17. [illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9452**

BIRTH NO. **630**

1. NAME OF DECEASED (Type or Print) <i>Hellie Lee Crute</i>		2. DATE OF DEATH <i>Oct. 14, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>816 N. Spring St.</i>		C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>816 N. Spring St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Feb 11, 1902</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>50</i>
11. BIRTHPLACE (State or foreign country) <i>Durham N. C.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>James Holden</i>		14. MOTHER'S MAIDEN NAME <i>Nannie</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Annie Roberts</i>		ADDRESS <i>816 N. Spring St.</i>	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Cardiovascular disease</i> <i>Epiglottitis</i> <i>Chr. Phlegmatia</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2-3y-0</i> <i>5y-0</i>
DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/28</i> , 19 <i>50</i> , to <i>10/15</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>10/13</i> , 19 <i>52</i> , and that death occurred at <i>10</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		M. D. <i>1422 E. Chase St.</i>		23C. DATE SIGNED <i>10/15/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 18/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>A. G. County Md.</i>		25. FUNERAL DIRECTOR <i>Mrs. Lott A. Elliott & Daughter</i>		ADDRESS <i>1129 N. Caroline St.</i>	

correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

1915

DECLARATION OF DEATH

State of New York
County of New York
I, the undersigned, being a resident inhabitant of the County of New York, do hereby certify that on the 11th day of April, 1915, at New York City, New York, died the within and above named person, who was born on the 11th day of April, 1915, at New York City, New York, and was a resident of New York City, New York, at the time of his death.

DECLARATION OF DEATH

State of New York
County of New York
I, the undersigned, being a resident inhabitant of the County of New York, do hereby certify that on the 11th day of April, 1915, at New York City, New York, died the within and above named person, who was born on the 11th day of April, 1915, at New York City, New York, and was a resident of New York City, New York, at the time of his death.

State of New York
County of New York
I, the undersigned, being a resident inhabitant of the County of New York, do hereby certify that on the 11th day of April, 1915, at New York City, New York, died the within and above named person, who was born on the 11th day of April, 1915, at New York City, New York, and was a resident of New York City, New York, at the time of his death.

52 9453
Registered No. _____

1. NAME OF DECEASED
(Type or Print)

2. DATE OF DEATH Oct 15, 1952
where deceased lived. If institution: residence
B. COUNTY before admission)

3. PLACE OF DEATH:
A. Baltimore City Maryland 1513 1/2 Washington St
B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)
Baltimore Maryland 801

D. STREET ADDRESS (If rural, give location)
10000

D. STREET ADDRESS (If rural, give location)
1513 N. Washington St

c. Length of stay in Baltimore 60 years

5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
March 5, 1871	81	7 19	

11. BIRTHPLACE (State or foreign country) Shrewsbury, Conn.	12. CITIZEN OF WHAT COUNTRY? U. S. C.
--	---

13. FATHER'S NAME Albert Victor Germany

14. MOTHER'S MAIDEN NAME Unknown German

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
no	no	none

17. INFORMANT	ADDRESS
Marie Gertrude Pfeifer	1543 7 th Washington St

18.	420.1	1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) <u>Coronary heart disease</u>	
	DUE TO			(B) <u>Coronary occlusion</u>	2 yrs
	DUE TO			(C) <u>Generalized arteriosclerosis</u>	
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES ☐ NO ☒

MEDICAL HISTORY	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13, 1952 to 10/15, 1952, that I last saw the deceased alive on 10/14, 1952, and that death occurred at 3:15 Am., from the causes and on the date stated above.

23A. SIGNATURE <i>Conrad B. Ruster</i>	23B. ADDRESS M. D. 3128 Hartford Rd	23C. DATE SIGNED 10/15/52
---	--	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>Oct 18, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cemetery North Ave. & Ross St. Balto. Md</i>	24d. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS

DATE RECEIVED BY REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

VS. 150

Huntington Williams, Jr. Albert L. Bily 442 Belair Road

9520008442

1950 53

RECEIVED
FEB 10 1950



1950 53

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9454
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

**Porter
WILLIAM / McKEW**

2. DATE
OF
DEATH

Oct. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1210 N. Patterson Pk. Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1210 N. Patterson Park Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 7, 1903

9. AGE (in years
last birthday)

49

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cable Splicer

10B. KIND OF BUSINESS OR
INDUSTRY

Western Elec. Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James McKew

14. MOTHER'S MAIDEN NAME

Mollie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

219-01-2925

17. INFORMANT

ADDRESS

Mr. T. C. Houston-4342 Sheldon Ave.

18.

241X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) **Bronchial asthma**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Oct. 14, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

10/17/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Tichener & Sons

25. FUNERAL DIRECTOR

Wm. J. Tichener & Sons

ADDRESS

Balto 17, Md.

VS 151

PLEASE WRITE PLAINLY, WITH CARE. Every item of information is especially important. Physicians: please write the causes of death clearly and legibly.

Blair & Co. Inc.
New York City

655
52 9455
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9455
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Alfred H. Berryman</i>			2. DATE OF DEATH <i>10-14-52</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <i>MARYLAND</i> b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bon Secours Hospital</i>			c. CITY OR TOWN. (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 28-41</i>		
length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) <i>4003 Kennison Ave</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>8-29-82</i>	9. AGE (In years last birthday) <i>70 yrs</i>	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Carpenter</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>?</i>		
11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. FATHER'S NAME <i>Mr. BERRYMAN</i>			14. MOTHER'S MAIDEN NAME <i>MARY I CONSTANTINE</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mrs. Anna M. Berryman-4003 Kennison Ave.</i>			ADDRESS		

18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Abdominal Extension of Carcinoma</i> DUE TO <i>from</i> (B) <i>Carcinoma of Stomach</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>3 mos.</i>
--	---	---

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. *Peritonitis, Broncho Pneumonia*

19a. DATE OF OPERATION <i>9-2-52</i>	19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Stomach</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-1*, 19*52*, to *10-14*, 19*52* that I last saw the deceased alive on *10-14*, 19*52* and that death occurred at *5:15 P.* m., from the causes and on the date stated above.

23a. SIGNATURE <i>James R. Chabice</i>	23b. ADDRESS <i>Bon Secours Hosp.</i>	23c. DATE SIGNED <i>10/14/52</i>
---	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>10/17/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Pikesville, Md.</i>
--	------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 16 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Pickner & Sons</i>	ADDRESS <i>Baeto. 17, Md.</i>
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9456**

635
BIRTH NO. **52 9456**

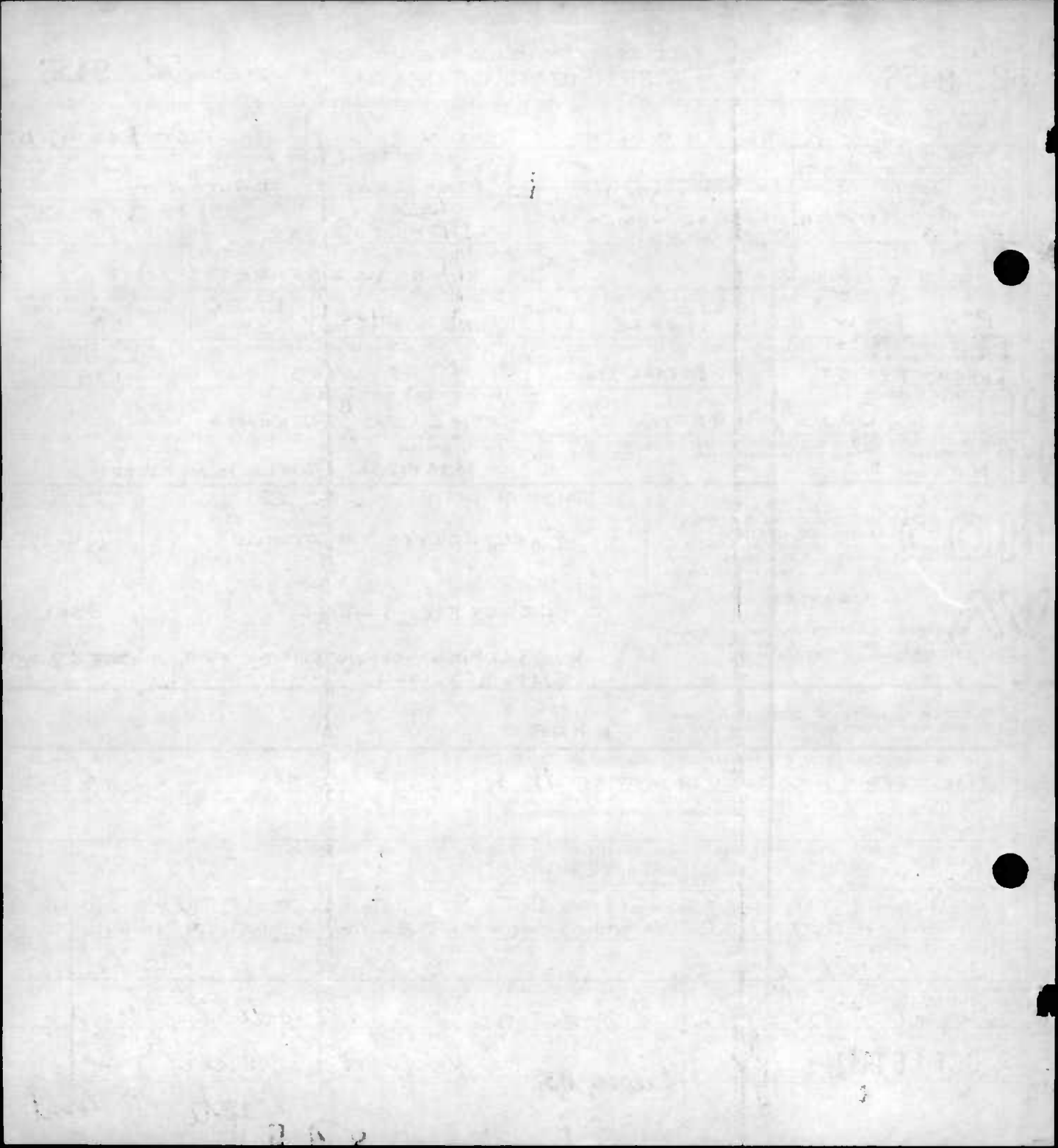
1. NAME OF DECEASED (Type or Print) RUTH CHANDLER MARTIN		2. DATE OF DEATH OCTOBER 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO. CITY	
B. FULL NAME OF HOSPITAL OR INSTITUTION HOSPITAL FOR THE WOMEN OF MARYLAND		C. CITY OR TOWN BALTIMORE (If outside corporate limits, write full name and give township)	
D. STREET ADDRESS (If rural, give location) 149 W. LAFAYETTE AVE		5. LENGTH OF STAY IN BALTIMORE 34 Yrs. Mos. Days	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JUNE 16, 1918
9. AGE (in years last birthday) 34		10. UNDER 1 YEAR Months: Days	11. UNDER 24 HOURS Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK-TYPIST		10B. KIND OF BUSINESS OR INDUSTRY FEDERAL GOVT.	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME BOYD M. MARTIN		14. MOTHER'S MAIDEN NAME HELEN C. PERKINS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT HOSPITAL ADMISSION RECORD		ADDRESS	

18. 215X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) ELECTROLYTE IMBALANCE			24 HOURS
DUE TO			
II ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) PARALYTIC ILEUS	3 DAYS
DUE TO		(C) RT. SALPINGO-OPHORECTOMY FOR ENDOMETRIOSIS	6 DAYS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. NONE			

19A. DATE OF OPERATION OCTOBER 9, 1952		19B. MAJOR FINDINGS OF OPERATION ENDOMETRIOSIS, RT. TUBE + OVARY		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from OCT. 8, 1952 to OCT 15, 1952 , that I last saw the deceased alive on OCT 15, 1952 and that death occurred at 11:00 AM. , from the causes and on the date stated above.					
23A. SIGNATURE Everett A. Duggs		23B. ADDRESS 11 E. Choe St.		23C. DATE SIGNED OCT 15, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/17/52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. LOCATION (State) Md.		25. FUNERAL DIRECTOR Wm. J. Tichenor & Sons	
DATE RECEIVED BY LOCAL REGISTRAR OCT 16 1952		REGISTRAR'S SIGNATURE Wm. J. Tichenor		ADDRESS Barto 17, Md.	

corrected is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9457

164
52 9457
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Eberly, Mrs. Clara W.		2. DATE OF DEATH 10/15/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF (If not in hospital) or institution, give street address or location CHURCH Home and Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
6. Length of stay in Baltimore 61 (Yrs. Mos. Days)		D. STREET ADDRESS (If rural, give location) 4108 Lowell Drive	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/28/1891
9. AGE (In years last birthday) 61		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Housewife	
13. FATHER'S NAME Forrester, Mr. George F.		14. MOTHER'S MAIDEN NAME EMMATT, Clara	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT Hospital Record		ADDRESS	

18. **153X** I CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Generalized Peritonitis** DUE TO
INTERVAL BETWEEN ONSET AND DEATH
5 days

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) **Perforation of Small Bowel** DUE TO
(C) **Adenocarcinoma of Bowel** DUE TO
4 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 9/29/52		19B. MAJOR FINDINGS OF OPERATION Intestinal Obstruction due to Carcinomatosis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9/28**, 19**52**, to **10/15**, 19**52** that I last saw the deceased alive on **10/15**, 19**52** and that death occurred at **11 A.** m., from the causes and on the date stated above.

23A. SIGNATURE **Reed Carroll** M. D. 23B. ADDRESS **Church Home & Hospital** 23C. DATE SIGNED **10/15/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **10/18/52** 24C. NAME OF CEMETERY OR CREMATORY **Loudon Park Cem.** 24D. LOCATION (City, town, or county) (State) **Balto., Md.**

DATE RECEIVED BY LOCAL REGISTRAR **OCT 16 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Wm. J. Pickner & Sons** ADDRESS **Balto 17, Md.**

VS 150

19520000

Balto 17, Md.

corrected is especially important. Physicians: please write the causes of death clearly and legibly.

[Faint, illegible text, likely bleed-through from the reverse side of the page]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9458
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eleanor Schmidt

2. DATE
OF
DEATH

Oct. 14 '1952

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Oct. 30 1894

9. AGE (in years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

13. FATHER'S NAME

John Herrman

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

American

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Miss Adelaide Pilsch, 3935 Southern Ave

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardio-vascular

DUE TO

renal disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☒NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Aug. 4, 1952, to Oct. 14, 1952, that I last saw the
deceased alive on Oct. 14, 1952, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Sze-jui Lin

M. D.

23B. ADDRESS

Md. General Hospital Oct. 14 '1952

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10/17/52

Parkwood Cem.

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 16 1952

Huntington Williams, M.D.

Lassahn Funeral Home 7401 Belair Rd.

VS 150

0520009453

85.0.53

STATE OF NEW YORK

1885

IN SENATE

January 14, 1885

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE

ON JANUARY 14, 1885

ALBANY:

WEED, PARSONS & COMPANY, PRINTERS.

1885.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 9459**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**MARY ANN Casserly**2. DATE
OF
DEATH**10/15/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**University Hospital**Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)
A. STATE**Maryland**

B. COUNTY

BaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

1312 W. Pratt St

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

11-25-18779. AGE (In years
last birthday)**74**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

REFERENCE JORD

14. MOTHER'S MAIDEN NAME

Mary SHANNAN15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.**No**

17. INFORMANT

John J. Casserly 1312 W. Pratt St

ADDRESS

18. **540.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO**Bleeding peptic ulcer**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)**Hypertensive Cardio-vascular disease**OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/13/52

19B. MAJOR FINDINGS OF OPERATION

Gastric ulcer

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/15**, 19**52**, to **10/15**, 19**52**, that I last saw the
deceased alive on **10/15**, 19**52** and that death occurred at **1:05 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

David R. Taxod, M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10/15/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

10-18-1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

C. B. M. Walters

ADDRESS

1312 W. Pratt St

1919

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1919

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Nature of disease		8. Duration of illness	
9. Name of physician		10. Name of undertaker		11. Name of funeral home		12. Name of cemetery	
13. Name of registrar		14. Name of witness		15. Name of witness		16. Name of witness	
17. Name of witness		18. Name of witness		19. Name of witness		20. Name of witness	
21. Name of witness		22. Name of witness		23. Name of witness		24. Name of witness	
25. Name of witness		26. Name of witness		27. Name of witness		28. Name of witness	
29. Name of witness		30. Name of witness		31. Name of witness		32. Name of witness	
33. Name of witness		34. Name of witness		35. Name of witness		36. Name of witness	
37. Name of witness		38. Name of witness		39. Name of witness		40. Name of witness	
41. Name of witness		42. Name of witness		43. Name of witness		44. Name of witness	
45. Name of witness		46. Name of witness		47. Name of witness		48. Name of witness	
49. Name of witness		50. Name of witness		51. Name of witness		52. Name of witness	
53. Name of witness		54. Name of witness		55. Name of witness		56. Name of witness	
57. Name of witness		58. Name of witness		59. Name of witness		60. Name of witness	
61. Name of witness		62. Name of witness		63. Name of witness		64. Name of witness	
65. Name of witness		66. Name of witness		67. Name of witness		68. Name of witness	
69. Name of witness		70. Name of witness		71. Name of witness		72. Name of witness	
73. Name of witness		74. Name of witness		75. Name of witness		76. Name of witness	
77. Name of witness		78. Name of witness		79. Name of witness		80. Name of witness	
81. Name of witness		82. Name of witness		83. Name of witness		84. Name of witness	
85. Name of witness		86. Name of witness		87. Name of witness		88. Name of witness	
89. Name of witness		90. Name of witness		91. Name of witness		92. Name of witness	
93. Name of witness		94. Name of witness		95. Name of witness		96. Name of witness	
97. Name of witness		98. Name of witness		99. Name of witness		100. Name of witness	

6520
52 9460BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9460

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hugh King

2. DATE
OF
DEATH

Oct. 13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2514 Hollins St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2514 Hollins St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 18, 1880-72

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
occupation during most of working life, even if retired)

Paper Carrier

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. News

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James King

14. MOTHER'S MAIDEN NAME

Mary Strauss

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elizabeth King, 2514 Hollins St

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15, 1951, to Oct. 13, 1952, that I last saw the
deceased alive on Oct. 11, 1952, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 16/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

DEPARTMENT OF WATER

UNITED STATES OF AMERICA

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

PLACE OF BIRTH

PLACE OF BIRTH

PLACE OF BIRTH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9461

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida I. Leeks

2. DATE OF DEATH
Oct. 15/523. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
St. Agnes' Hospital
Wilkins & Caton Aves.4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 25-31D. STREET ADDRESS (If rural, give location)
4301 Parkton St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
WidowYrs.
Mos.
Days

8. DATE OF BIRTH

June 15, 1870

9. AGE (In years last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
H.W.10B. KIND OF BUSINESS OR INDUSTRY
Own Home11. BIRTHPLACE (State or foreign country)
Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas Bussey

14. MOTHER'S MAIDEN NAME

Octavia Stonebreaker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Wm. R. Donohue, Sr. 168 S. Kossuth

18. 442X I

CAUSE OF DEATH

ST

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Atherosclerotic Cardio Vasc.
Renal Disease with
Grade IV decompensation

(B)

DUE TO

Generalized Atherosclerosis

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-13, 1952, to 10-15, 1952, that I last saw the deceased alive on 10-15, 1952, and that death occurred at 2:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct. 17/52

New Cathedral

Baltimore 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 16 1952

Huntington Williams, M.D.

Harry F. Smith 4101 Edmondson Ave.

VS 150

19520209456

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of birth		5. Place of birth	
6. Date of death		7. Time of death		8. Cause of death		9. Place of death		10. Signature of physician	
11. Signature of registrar		12. Signature of informant		13. Signature of witness		14. Signature of funeral director		15. Signature of undertaker	
16. Signature of coroner		17. Signature of jury		18. Signature of jury		19. Signature of jury		20. Signature of jury	
21. Signature of jury		22. Signature of jury		23. Signature of jury		24. Signature of jury		25. Signature of jury	
26. Signature of jury		27. Signature of jury		28. Signature of jury		29. Signature of jury		30. Signature of jury	
31. Signature of jury		32. Signature of jury		33. Signature of jury		34. Signature of jury		35. Signature of jury	
36. Signature of jury		37. Signature of jury		38. Signature of jury		39. Signature of jury		40. Signature of jury	
41. Signature of jury		42. Signature of jury		43. Signature of jury		44. Signature of jury		45. Signature of jury	
46. Signature of jury		47. Signature of jury		48. Signature of jury		49. Signature of jury		50. Signature of jury	
51. Signature of jury		52. Signature of jury		53. Signature of jury		54. Signature of jury		55. Signature of jury	
56. Signature of jury		57. Signature of jury		58. Signature of jury		59. Signature of jury		60. Signature of jury	
61. Signature of jury		62. Signature of jury		63. Signature of jury		64. Signature of jury		65. Signature of jury	
66. Signature of jury		67. Signature of jury		68. Signature of jury		69. Signature of jury		70. Signature of jury	
71. Signature of jury		72. Signature of jury		73. Signature of jury		74. Signature of jury		75. Signature of jury	
76. Signature of jury		77. Signature of jury		78. Signature of jury		79. Signature of jury		80. Signature of jury	
81. Signature of jury		82. Signature of jury		83. Signature of jury		84. Signature of jury		85. Signature of jury	
86. Signature of jury		87. Signature of jury		88. Signature of jury		89. Signature of jury		90. Signature of jury	
91. Signature of jury		92. Signature of jury		93. Signature of jury		94. Signature of jury		95. Signature of jury	
96. Signature of jury		97. Signature of jury		98. Signature of jury		99. Signature of jury		100. Signature of jury	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9462**

512
9462
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Eugene Augustus Thompson</i>			2. DATE OF DEATH <i>Oct. 12, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3029 Harlem Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>3029 Harlem Ave</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 12, 1873</i>		9. AGE (In years last birthday) <i>79</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Handy man</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Plt. family</i>	11. BIRTHPLACE (State or foreign country) <i>Bald. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Allen Thompson</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>818 York Rd. N. Brown</i>			

18. <i>442X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cardio-Vascular - Renal</i>		
ANTECEDENT CAUSES		(B) <i>Disease, Arteriosclerosis 1 year</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>7/1</i> , 19 <i>52</i> , to <i>10/12</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>10/10</i> , 19 <i>52</i> , and that death occurred at <i>4:30</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS <i>2001 Adair St</i>	23C. DATE SIGNED <i>10/15/52</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct 16, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Pleasant Rest</i>	24D. LOCATION (City, town, or county) (State) <i>Towson, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 16 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS <i>1651 David Hill Ave</i>		

MEDICAL CERTIFICATION

corrected is especially important. Physicians write the causes of death clearly and legibly.

520079457

010

5

1910

NATIONAL CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

<p>NAME OF DECEASED</p>		<p>AGE</p>		<p>SEX</p>		<p>RACE</p>		<p>DATE OF BIRTH</p>		<p>DATE OF DEATH</p>	
<p>RESIDENCE</p>		<p>PLACE OF BIRTH</p>		<p>EDUCATION</p>		<p>OCCUPATION</p>		<p>CAUSE OF DEATH</p>		<p>PLACE OF DEATH</p>	
<p>DATE OF INTERVIEW</p>		<p>NAME OF INTERVIEWER</p>		<p>NAME OF WITNESS</p>		<p>NAME OF MINISTER</p>		<p>NAME OF CLERGYMAN</p>		<p>NAME OF FUNERAL HOME</p>	
<p>DATE OF BURIAL</p>		<p>NAME OF BURIAL PLACE</p>		<p>NAME OF FUNERAL HOME</p>		<p>NAME OF MINISTER</p>		<p>NAME OF CLERGYMAN</p>		<p>NAME OF FUNERAL HOME</p>	

100

218

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

APRIL 1, 1899

ALBANY:

WATKINS & COMPANY, PRINTERS

1901

NEW YORK

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

APRIL 1, 1899

ALBANY:

WATKINS & COMPANY, PRINTERS

M-325

52

9464

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9464
Registered No.

BIRTH NO.

52-24714

1. NAME OF DECEASED
(Type or Print)

Baby Boy Madkins

MATKINS

2. DATE
OF
DEATH

1015152

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1317 Light St.

24-03

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1015152

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jesse Madkins

14. MOTHER'S MAIDEN NAME

Grace Scipp

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JESSE MATKINS 1317 LIGHT ST.

18. 760.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Possible Intracranial Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Breech presentation - SPONT ROT - during labor.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 1015152, 19, to 1015152, 19, that I last saw the
deceased alive on 1015152, 19, and that death occurred at 5:54 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Will Conway

M. D.

South Baltimore Genl Hosp

10-16-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

10-16-1952

CEDAR HILL

FREDERICKS CO. MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Wm.

James L. McCully

130 E. FORT RUE

OCT 16 1952

VS 150

520009459

1210 50

RECORDS OF DEATH

GOVERNMENT
RECORDS
OFFICE



H-400
52 9465

CERTIFICATE CORRECTED 11-18-52

52 9465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE B. HALL

2. DATE
OF
DEATH

Oct 14 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2914 Huntingdon Ave.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

12-07

D. STREET ADDRESS (If rural, give location)

2914 Huntingdon Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Female

White

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

?

8. DATE OF BIRTH

1879

9. AGE (In years last birthday)

Nov 19 1879

(74) 72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Robert J. Hall 2914 Huntingdon Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Cong. Heart Failure 2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive C.V. Dis.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ ND ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 8, 1952 to Oct. 14, 1952, that I last saw the deceased alive on Oct. 13, 1952 and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Edward F. Hershman M. D.

23B. ADDRESS

4037 Falla Rd.

23C. DATE SIGNED

10/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

10/17/52

Lorraine Park

Windsor Mill Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

10/18/1952

Huntington Hill

Paul C. Cheneveth

3615-17 Edgewater Ave

VS 150

MEDICAL CERTIFICATION

correct is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

CAUSE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9466**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY BARBARA HALL

2. DATE
OF
DEATH

Oct. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

424 N. Rose Street - 24

Length of stay in Baltimore

83 yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 15-1867

9. AGE (In years last birthday)

85

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Vienna

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James V. Novotney

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Louis M. Henberger 424 N. Rose St.

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Congestive heart Failure**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arterio-sclerotic cardio-vascular**

DUE TO

disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Oct. 9 th, 1952** to **Oct. 15 th, 1952** that I last saw the deceased alive on **Oct. 15, 1952** and that death occurred at **8:40pm.**, from the causes and on the date stated above.

23A. SIGNATURE

Louis A. Pritz

M. D.

23B. ADDRESS

1400 N. Caroline St. - 13

23C. DATE SIGNED

10-15-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial
DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

Oct. 20-1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John R. Miller 2334 Jefferson St.

ADDRESS

OCT 18 1952

VS 150

52 9466

correct page is especially important. Physicians write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DEATH

CERTIFICATE

1912

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1912

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9457
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RICHARD EDWARD BUCKLEY

2. DATE
OF
DEATH

October 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR U.S. Public Health Service location)
INSTITUTION Hospital

Wyman Pk. Drive & 31st Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Connecticut

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Bridgeport

D. STREET ADDRESS (If rural, give location)

466 Ruth Street

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11/30/84

9. AGE (in years
last birthday)

66

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Master (not recent)

10B. KIND OF BUSINESS OR
INDUSTRY

seafarer

11. BIRTHPLACE (State or foreign country)

Australia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Buckley

14. MOTHER'S MAIDEN NAME

Jessie Jerome

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.
552-22-4462

17. INFORMANT ADDRESS
Records- US PHS Hospital, Balto, Md.

18. **199.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **bronchopneumonia with effusion,
left**

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **Carcinoma right auricular region**

6 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **Apr. 16**, 19**52**, to **Oct. 10**, 19**52** that I last saw the
deceased alive on **Oct. 10**, 19**52**, and that death occurred at **10:25 A.**, from the causes and on the date stated above.

23A. SIGNATURE

J.A. Hunter, Clinical Director

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

10/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

10-16-52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Howard H. Hubbard, 2503 Edmonds Ave.

ADDRESS

OCT 16 1952
VS 150

1 9 52 4 0 5 5 9 4 0 2

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Health Officer		14. Signature of Police Officer		15. Signature of Other Officer	
16. Signature of Other Officer		17. Signature of Other Officer		18. Signature of Other Officer	
19. Signature of Other Officer		20. Signature of Other Officer		21. Signature of Other Officer	
22. Signature of Other Officer		23. Signature of Other Officer		24. Signature of Other Officer	
25. Signature of Other Officer		26. Signature of Other Officer		27. Signature of Other Officer	
28. Signature of Other Officer		29. Signature of Other Officer		30. Signature of Other Officer	
31. Signature of Other Officer		32. Signature of Other Officer		33. Signature of Other Officer	
34. Signature of Other Officer		35. Signature of Other Officer		36. Signature of Other Officer	
37. Signature of Other Officer		38. Signature of Other Officer		39. Signature of Other Officer	
40. Signature of Other Officer		41. Signature of Other Officer		42. Signature of Other Officer	
43. Signature of Other Officer		44. Signature of Other Officer		45. Signature of Other Officer	
46. Signature of Other Officer		47. Signature of Other Officer		48. Signature of Other Officer	
49. Signature of Other Officer		50. Signature of Other Officer		51. Signature of Other Officer	
52. Signature of Other Officer		53. Signature of Other Officer		54. Signature of Other Officer	
55. Signature of Other Officer		56. Signature of Other Officer		57. Signature of Other Officer	
58. Signature of Other Officer		59. Signature of Other Officer		60. Signature of Other Officer	
61. Signature of Other Officer		62. Signature of Other Officer		63. Signature of Other Officer	
64. Signature of Other Officer		65. Signature of Other Officer		66. Signature of Other Officer	
67. Signature of Other Officer		68. Signature of Other Officer		69. Signature of Other Officer	
70. Signature of Other Officer		71. Signature of Other Officer		72. Signature of Other Officer	
73. Signature of Other Officer		74. Signature of Other Officer		75. Signature of Other Officer	
76. Signature of Other Officer		77. Signature of Other Officer		78. Signature of Other Officer	
79. Signature of Other Officer		80. Signature of Other Officer		81. Signature of Other Officer	
82. Signature of Other Officer		83. Signature of Other Officer		84. Signature of Other Officer	
85. Signature of Other Officer		86. Signature of Other Officer		87. Signature of Other Officer	
88. Signature of Other Officer		89. Signature of Other Officer		90. Signature of Other Officer	
91. Signature of Other Officer		92. Signature of Other Officer		93. Signature of Other Officer	
94. Signature of Other Officer		95. Signature of Other Officer		96. Signature of Other Officer	
97. Signature of Other Officer		98. Signature of Other Officer		99. Signature of Other Officer	
100. Signature of Other Officer		101. Signature of Other Officer		102. Signature of Other Officer	

242
52 9468

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9468
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bronislawa Bertha Cieslak

2. DATE
OF
DEATH

Oct 16-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 603 South Durham St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION at Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 31

C. Length of stay in Baltimore ?

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
603 South Durham Street

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

May 6th, 1885 ?

9. AGE (In years
last birthday)

67 ?

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Przybyrowski

14. MOTHER'S MAIDEN NAME

Josephine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
?

17. INFORMANT

ADDRESS

Stella Barnes 603 S. Durham Street

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROSIS

DUE TO

10 YRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CHR. INT. NEPH

DUE TO

3 YRS

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CEREBRAL HEMORRHAGE

2 YRS.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from JUNE 1949, to OCT 16, 1952, that I last saw the deceased alive on OCT 16, 1952, and that death occurred at 6.30 A. M., from the causes and on the date stated above.

22A. SIGNATURE

22B. ADDRESS

22C. DATE SIGNED

James F. Kavanaugh M.D.

3014 McKelvey St

OCT 16-52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

Oct 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county) (State)

1300 Dundalk Ave, Balto, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 18 1952

Huntington Williams, M.D.

George A. Weber 705 S Ann st

VS 150

19520209463

correct as is especially important. Physicians write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9469

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary C. Eagen		2. DATE OF DEATH Oct. 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3 E. Ostend St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3 E. Ostend St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 18, 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 61 yrs.
13. FATHER'S NAME John Furlong		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
14. MOTHER'S MAIDEN NAME Alice R. Butler		17. INFORMANT ADDRESS John Eagen-Son- 3 E. Ostend St.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Heart Disease	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 2 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis	(A) DUE TO	2 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT. Chronic Myocarditis	(B) DUE TO	1 year

19A. DATE OF OPERATION Oct 14, 1952	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **October 19, 1952**, to **Oct 14th, 1952**, that I last saw the deceased alive on **Oct 14, 1952**, and that death occurred at **7 P** m., from the causes and on the date stated above.

23A. SIGNATURE Isaac Miller	23B. ADDRESS 125 P. Charles St	23C. DATE SIGNED 10/15/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct. 17, 1952	24C. NAME OF CEMETERY OR CREMATORY New Cathedral
DATE RECEIVED BY LOCAL REGISTRAR OCT 16 1952	REGISTRAR'S SIGNATURE Huntington Walliams, M.D.	25. FUNERAL DIRECTOR ADDRESS KRAUSE FUNERAL HOME 1216S. Charles St

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 9470**

630
MC-24064
52 9470
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ford, John		2. DATE OF DEATH Oct. 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave.			
5. LENGTH OF STAY IN BALTIMORE life		Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 26, 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?		9. AGE (In years last birthday) 68 yrs.	
10B. KIND OF BUSINESS OR INDUSTRY ?		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Henry Ford (D)		12. CITIZEN OF WHAT COUNTRY? ?	
14. MOTHER'S MAIDEN NAME Barbara Kraft (D)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) ?		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Records: B. C. H. 4940 Eastern Ave.		ADDRESS ✓	

18. 540.1 and 002x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Perforated Ulcer, lesser curvature of stomach DUE TO (A)		INTERVAL BETWEEN ONSET AND DEATH 1
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Lower Nephron Nephrosis DUE TO (B)		3 days
Peritonitis DUE TO (C)		?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary Tuberculosis		13 yrs.

19A. DATE OF OPERATION 10-8-52		19B. MAJOR FINDINGS OF OPERATION Exploratory Laparectomy		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ?		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ?		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? ?	
22. I hereby certify that I attended the deceased from 6-2- , 19 37 , to 10-11- , 19 52 , that I last saw the deceased alive on 10-11- , 19 52 , and that death occurred at 4:20 A. , from the causes and on the date stated above.					
23A. SIGNATURE H. C. Johnson		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 10-14-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 15/1952		24C. NAME OF CEMETERY OR CREMATORY St Peter's	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. NAME OF CEMETERY OR CREMATORY 300 - Moreland Ave, Baltimore		24F. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR Oct 16 1952		REGISTRAR'S SIGNATURE Thurston Williams		25. FUNERAL DIRECTOR Ed Blalock Funeral Home, Inc	
VS 150		403-8-25th St.		Baltimore - 18-Md.	

MEDICAL CERTIFICATION

correct is especially important. Physicians: please write the causes of death clearly and legibly.

See Query reply Document File

CERTIFICATE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9471
Registered No.

BIRTH NO. *410*

1. NAME OF DECEASED (Type or Print) <i>Sheryl Kay Tickle</i>		2. DATE OF DEATH <i>Oct 14/1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Johns Hopkins Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Va</i> B. COUNTY <i>V-43</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Fort Myers</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>14th Co St. Btry. AAA Gun BN</i>	
5. SEX <i>Female</i>	6. COLOR, OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>1-12-1947</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <i>5 yrs</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Leroy B Tickle</i>	
14. MOTHER'S MAIDEN NAME <i>Donna Kraft</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>422.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocarditis</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>7 wks.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>10-14-52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Arteriogram</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10/13*, 1952 to *10/14*, 1952, that I last saw the deceased alive on *10/14*, 1952, and that death occurred at *6:15 P.m.*, from the causes and on the date stated above.

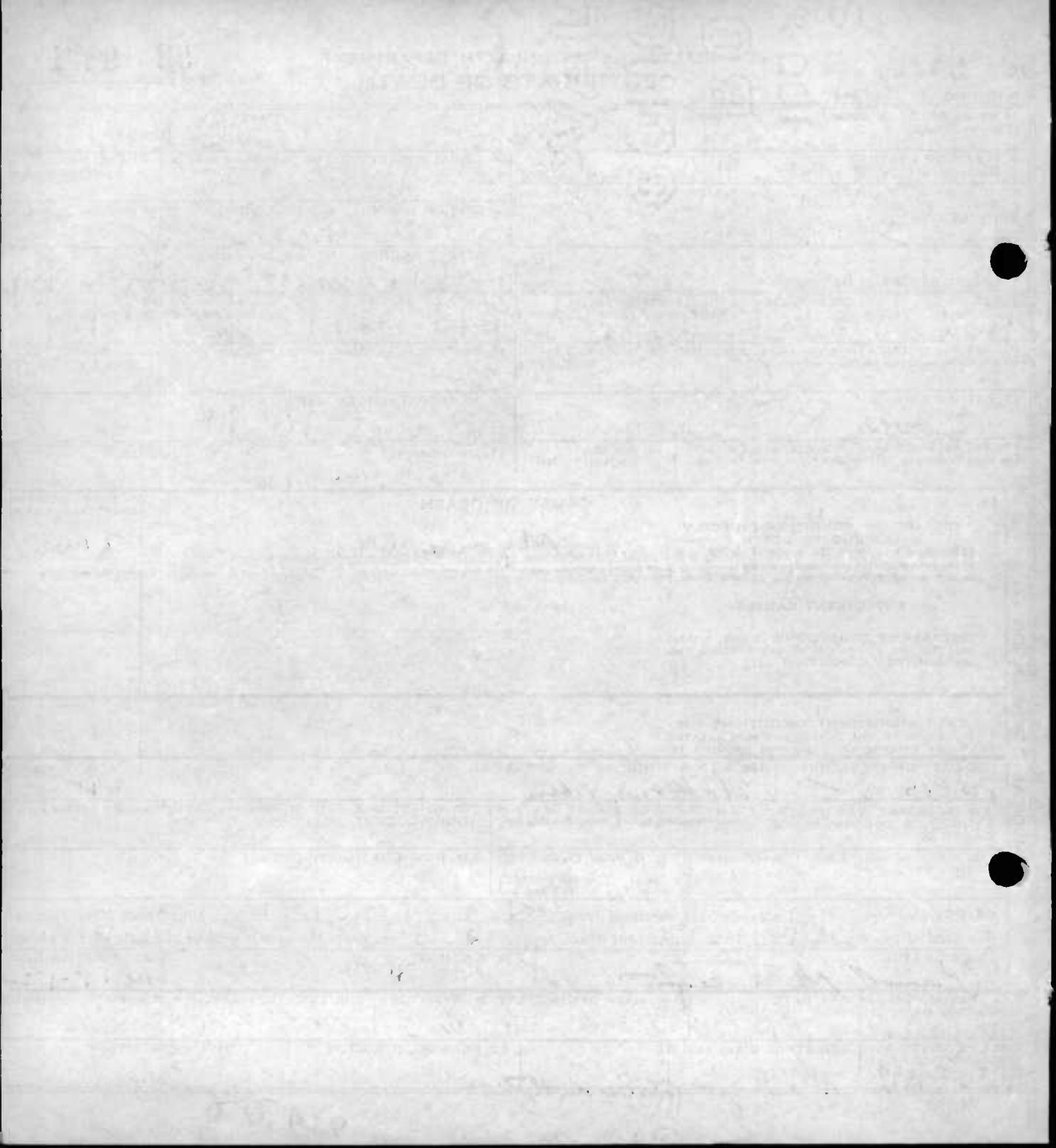
23A. SIGNATURE <i>Paul M. T. [Signature]</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>10-15-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>Oct. 15 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>W.H. Smith & Son</i>	24D. LOCATION (City, town, or county) (State) <i>Ellettsville, Indiana</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 16 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Earl B. Woberton Funeral Home, Inc.</i>	

VS 150

403-E-25th St Baltimore-18-Md.

MEDICAL CERTIFICATION



CERTIFICATE AMENDED 10/28/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9472

Registered No. _____

BIRTH NO. _____

MLB 157859

1. NAME OF DECEASED (Type or Print) Lucia Williams (Carpenter)		2. DATE OF DEATH 10-14-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. LENGTH OF STAY IN BALTIMORE 10 Yrs		D. STREET ADDRESS (If rural, give location) 627 W. Lafayette Ave	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 21, 1915
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 36 yrs	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) North Carolina	
13. FATHER'S NAME James Carpenter		12. CITIZEN OF WHAT COUNTRY? _____	
14. MOTHER'S MAIDEN NAME Gussie Merton		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____	
16. SOCIAL SECURITY NO. _____		17. INFIRMITY Baltimore City Hospitals Records: 4940 Eastern Ave	

18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Cervix (A) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
ANTECEDENT CAUSES (B) _____ DUE TO _____		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ DUE TO _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION 2-28-53		19B. MAJOR FINDINGS OF OPERATION For intractable pain		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **2-28**, 19**53**, to **10-12**, 19**52**, that I last saw the deceased alive on **10-14**, 19**52**, and that death occurred at **11:50 P.M.** on the causes and on the date stated above.

23A. SIGNATURE H. Johnson		23B. ADDRESS 4940 Eastern Ave		23C. DATE SIGNED 10-15-52	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-18-52		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 16 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR R. Law 802 Madison Ave.			

See Document File

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 9473
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) John Fitzgerald			2. DATE OF DEATH 10/16/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Yes			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Bon Secours Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 119 South Culver St- 29			E. LENGTH OF STAY IN BALTIMORE Life-time		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/30/1896	9. AGE (In years last birthday) 66	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Detective			10B. KIND OF BUSINESS OR INDUSTRY Brager Eisenberg & Co. Dry Store		
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James Fitzgerald			14. MOTHER'S MAIDEN NAME Ellen Walsh		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT John P. Fitzgerald			ADDRESS 119 South Culver St.		

18. 542.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized peritonitis and subdiaphragmatic abscess.		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (A) Generalized peritonitis DUE TO and subdiaphragmatic abscess.		
(B) Perforated ulcer at margin DUE TO of old gastric jejunostomy.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 10/20/52	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10 - 6, 1952** to **10 - 16, 1952** that I last saw the deceased alive on **10 - 16, 1952** and that death occurred at **2:20 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE James R. Strabill	23B. ADDRESS Ken Hoxen, Kosa.	23C. DATE SIGNED 10/16/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/20/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.
24D. LOCATION (City, town, or county) (State) 4300 Old Frederick Rd.	25. FUNERAL DIRECTOR John J. Cowan & Son	
DATE RECEIVED BY LOCAL REGISTRAR OCT 16 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	ADDRESS Hollins

729 560 009460

MEDICAL CERTIFICATION

25 DIV

NEW YORK, N.Y. 10001
JAN 10 1964

6-48

TO: DIRECTOR, FBI
FROM: SAC, NEW YORK
SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

400
52 9474

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9474
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Anna Hylla		Oct. 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4954 Edgemere Ave.,		A. STATE Md. B. COUNTY	
C. Length of stay in Baltimore 45 years		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 27-18	
D. STREET ADDRESS (If rural, give location) 4954 Edgemere Ave.,		D. DATE OF BIRTH	
5. SEX female		8. DATE OF BIRTH Oct. 22, 1893	
6. COLOR OR RACE white		9. AGE (in years last birthday) 58	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		10. AGE (in years last birthday) 58	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Yugoslavia.	
10B. KIND OF BUSINESS OR INDUSTRY at home		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13. FATHER'S NAME John Lang,		14. MOTHER'S MAIDEN NAME Magdalena Ruff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Emil Hylla,		ADDRESS 4954 Edgemere Ave.,	

18. 153X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Metastatic Carcinoma of Colon (Involving lymph + spine)		6 months	
19. ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION July 8-52		19B. MAJOR FINDINGS OF OPERATION Disproportionate Cancer of Colon + liver		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan '51, 1951, to Oct. 13, 1952, that I last saw the deceased alive on Oct. 13, 1952, and that death occurred at 6:40 P.m., from the causes and on the date stated above.					
23A. SIGNATURE Michael A. Adams M.D.		23B. ADDRESS 1820 Eutaw Place.		23C. DATE SIGNED Oct. 15, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Oct. 17, 1952		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR OCT 16 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Kernan & Lemmon		24H. ADDRESS 4611 Park Heights Ave.		VS 150	

1 9 5 2 0 0 9 4 6 9

14 5

PHEB (2)

$$E = I \times R$$

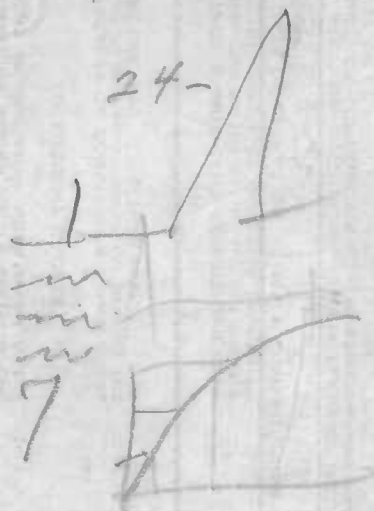
$$14 = 5 \times 2.8$$

$$G = X \times X$$

$$\frac{G}{5} = 4$$

$$X = 1.2$$

24-



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9475**

1. NAME OF DECEASED
(Type or Print)

CHARLES A. KRAUS

2. DATE
OF
DEATH

October 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY **Baltimore**

5. FULL NAME OF HOSPITAL OR INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Dundalk

D. STREET ADDRESS (If rural, give location)

5 Sunship Road

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 15, 1897

9. AGE (In years last birthday)

55

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stationary engineer

10B. KIND OF BUSINESS OR INDUSTRY

Signal Corps.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Michael Kraus

14. MOTHER'S MAIDEN NAME

Elizabeth Freund

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Maynard Kraus 2527 Yorkway 22

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

ANTECEDENT CAUSES

(B) **Coronary occlusion**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Ulrich

23B. CHIEF MEDICAL EXAMINER.....☐

ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

Oct. 15, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Colgate, Md.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 16 1952

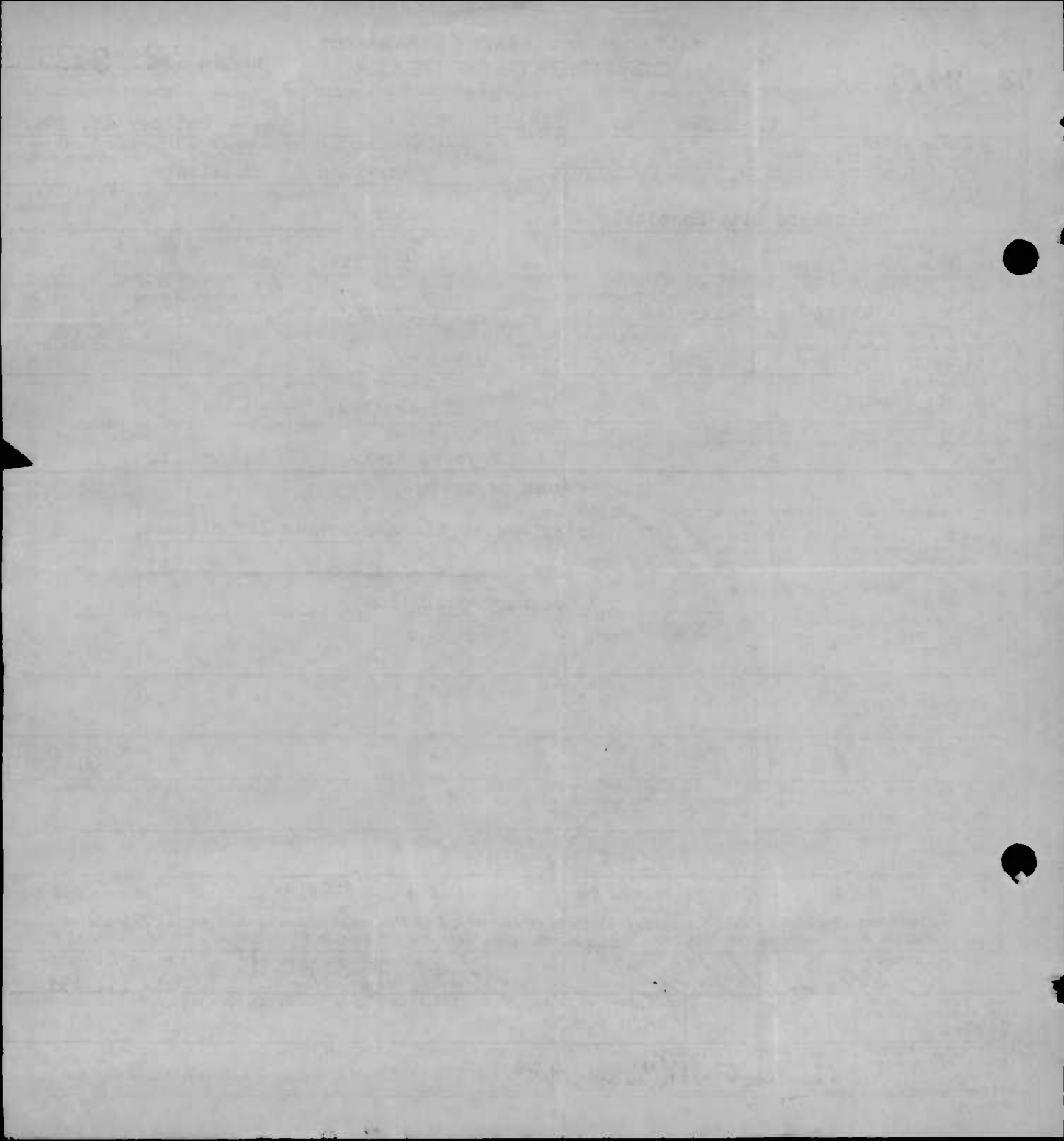
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ulrich Funeral Home 2112 Dundalk Ave.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

635
52 9476
BIRTH NO.

52 9476

1. NAME OF DECEASED (Type or Print) CARRIE DUNTON		2. DATE OF DEATH Oct. 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Mo. B. COUNTY Barlto.	
B. FULL NAME OF HOSPITAL OR INSTITUTION 310 N. Poppleton St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 18-01	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 310 N. Poppleton St.	
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 4, 1874
9. AGE (in years, last birthday) 78	10. UNDER 1 Year Months: _____ Days: _____	11. UNDER 24 Hours Hours: _____ Min: _____	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Jack Choice		14. MOTHER'S MAIDEN NAME Louisa French	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Lucille Coleman		ADDRESS 310 N. Poppleton St.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac vascular disease		CAUSE OF DEATH Cardiac vascular disease	INTERVAL BETWEEN ONSET AND DEATH
DUE TO		(A) _____	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____	
DUE TO		(C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 1, 1952** to **Oct 14, 1952**, that I last saw the deceased alive on **Oct 12, 1952** and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE W. H. W.		23B. ADDRESS 515 E. Lexington		23C. DATE SIGNED 10/16/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped		24B. DATE 10/17/1952		24C. NAME OF CEMETERY OR CREMATORY Greenville S.C.	
24D. LOCATION (City, town, or county) Greenville S.C.		24E. STATE S.C.		25. FUNERAL DIRECTOR Mrs. Katie R. Williams	
DATE RECEIVED BY LOCAL REGISTRAR OCT 16 1952		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		ADDRESS 322 N. Schrock	

UNITED STATES DEPARTMENT OF AGRICULTURE
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1911 1912 1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 9477

BIRTH NO. 452

1. NAME OF DECEASED
(Type or Print)

Warner L. Williams

2. DATE
OF
DEATH

Oct. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

808 Pierce Street - 1

Length of stay in Baltimore

36 years

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 7, 1888

9. AGE (in years last birthday)

63

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

CONSTRUCTION

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Columbus Williams

14. MOTHER'S MAIDEN NAME

Margaret Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: BCH, 4940 Eastern Avenue

18.

1999

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Heart Disease

? years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinomatosis

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct. 6, 1952, to Oct. 14, 1952, that I last saw the deceased alive on Oct. 14, 1952, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Hopkins

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

Oct. 14, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/18/1952

24C. NAME OF CEMETERY OR CREMATORY

1118 Auburn Cem

24D. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 16 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schrock St.

WASHINGTON CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

No reply by 4/1/53
SW

260
52 9478BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9478
Registered No. 2698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Curtis Fisher

2. DATE
OF
DEATH

Oct. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1373 N. Stricker Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1373 N. Stricker Street

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 26, 1886 66

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Household

10B. KIND OF BUSINESS OR
INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

Lancaster Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thornton Fisher

14. MOTHER'S MAIDEN NAME

Druisalla Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Willie E. FisherADDRESS
Same

18. 177X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of prostate

unknown

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22-1952, to 10-15-1952 that I last saw the
deceased alive on 10-15-1952, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct. 19, 1952

Sharon Baptist

Irvington, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 16 1952

Huntington Williams, M.D.

Charles B. Lewis

1104 N. Mount Street

VS 150

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correct and is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

NOV 15 1952

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NAVY

52 9479

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 9479

BIRTH NO.

N.R.

1. NAME OF DECEASED
(Type or Print)

Phyllis Russin

2. DATE
OF
DEATH

Oct 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Johns Hopkins Hospital

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Conn.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Watertown

D. STREET ADDRESS (If rural, give location)

Fernhill Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5-16-1950

9. AGE (In years
last birthday)

2

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Watertown Conn

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert John Russin

14. MOTHER'S MAIDEN NAME

Patricia

PRESCOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Congenital Heart Disease

Birth 10/12/50

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/8, 1952, to 10/12, 1952, that I last saw the
deceased alive on 10/12, 1952, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Vincent

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

10-13-52

24C. NAME OF CEMETERY OR CREMATORY

Evergreen

24D. LOCATION (City, town, or county)

Watertown, Conn.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm Cook, Inc 1217 St Paul St

2096 2

VS 150

0520009474

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DEATH CERTIFICATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

11

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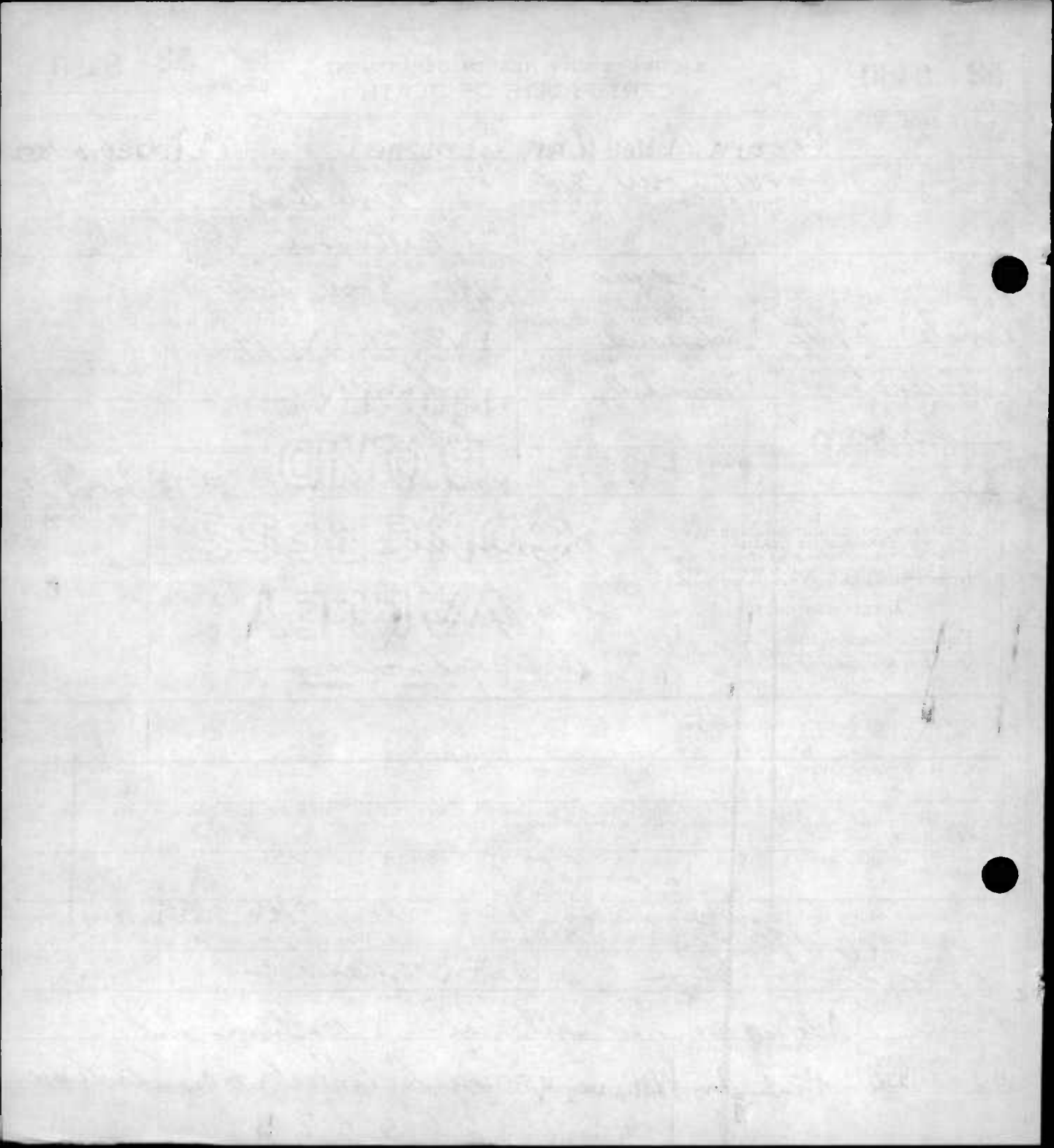
11-11-11

52 9480

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9480
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Germaine Ann Simonet		2. DATE OF DEATH October 16-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1817 Dover Street		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 1817 Dover Street B. COUNTY 19-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md.	
Length of stay in Baltimore 29 years Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1817 Dover Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Domestic	9. AGE (In years last birthday) 74
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) France	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Kerry P. Simonet		ADDRESS 337 S. Mount St.	
18. 443X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Myocarditis Chronic	
ANTECEDENT CAUSES		DUE TO Hypertension	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO Arteriosclerosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/2 , 19 52 , to 10/16 , 19 52 , that I last saw the deceased alive on 9/12 , 19 52 , and that death occurred at m. , from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS 1123 S. Paul St.	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE October 18-1952	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR George L. Schwab		ADDRESS 401 Frederick Ave.	



52 9481

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9481

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN WESTLEY CHARNOCK

2. DATE
OF
DEATH

Oct. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service location)
INSTITUTION Hospital

Wyman Pk. Drive & 31st Street

C. Length of stay in Baltimore

1 day

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Virginia

B. COUNTY

V-43

before admission)

C. CITY OR TOWN

Tangier

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

1/30/96

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR
INDUSTRY

seafarer

11. BIRTHPLACE (State or foreign country)

virginia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Charnock

14. MOTHER'S MAIDEN NAME

Mary Elize

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 420.1 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial infarction

DUE TO

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary occlusion

DUE TO

Residual hemiparesis

Generalized arteriosclerosis

(C)

Unknown

Unknown

Unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 16, 1952 to Oct. 17, 1952 that I last saw the
deceased alive on Oct. 17, 1952 and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

J.A. Hunter, Clinical Director

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

10/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 19, 1952

24C. NAME OF CEMETERY OR CREMATORY

Tangier Cem.

24D. LOCATION (City, town, or county)

Virginia

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Durward Covington

ADDRESS

Covington, Indfield, Md.

VS 150

675 25009476

PLEASE PRINT NAME AND ADDRESS OF PHYSICIAN WHO ATTENDED DECEASED. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

1. Name of deceased: _____
 2. Sex: _____
 3. Age: _____
 4. Date of birth: _____
 5. Place of birth: _____
 6. Usual residence: _____
 7. Date of death: _____
 8. Time of death: _____
 9. Place of death: _____
 10. Cause of death: _____
 11. Nature of disease: _____
 12. Duration of disease: _____
 13. Name of physician: _____
 14. Signature of physician: _____
 15. Name of registrar: _____
 16. Signature of registrar: _____

17. Name of informant: _____
 18. Signature of informant: _____
 19. Name of medical examiner: _____
 20. Signature of medical examiner: _____
 21. Name of coroner: _____
 22. Signature of coroner: _____
 23. Name of funeral director: _____
 24. Signature of funeral director: _____
 25. Name of undertaker: _____
 26. Signature of undertaker: _____
 27. Name of cemetery: _____
 28. Signature of cemetery: _____
 29. Name of church: _____
 30. Signature of church: _____
 31. Name of school: _____
 32. Signature of school: _____
 33. Name of hospital: _____
 34. Signature of hospital: _____
 35. Name of nursing home: _____
 36. Signature of nursing home: _____
 37. Name of prison: _____
 38. Signature of prison: _____
 39. Name of other institution: _____
 40. Signature of other institution: _____
 41. Name of other place: _____
 42. Signature of other place: _____
 43. Name of other person: _____
 44. Signature of other person: _____
 45. Name of other place: _____
 46. Signature of other place: _____
 47. Name of other person: _____
 48. Signature of other person: _____
 49. Name of other place: _____
 50. Signature of other place: _____

500

52 9482

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9482
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISE C. LOANE

2. DATE
OF
DEATH

10/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

8/4/97

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Child nurse

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Louis Sustman

14. MOTHER'S MAIDEN NAME

Lena Hearhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles Loane, 3212 N. Mass. Ave.

18. 193X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Malignant Glioma; recurrent

5 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Dec. 1947

19B. MAJOR FINDINGS OF OPERATION

malignant Glioma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/26/52, 19, to 10/16/52, 19, that I last saw the
deceased alive on 10/16/52, 19, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

C. J. Edberger

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

10/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/18/52

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge

24D. LOCATION (City, town, or county)

Elkridge

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc., 1217 E. Paul St.

OCT 17 1952

VS 150

1952-22084 9477

Physicians are especially important. Physicians write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1
CENTRE FOR THE STUDY OF
SALMONELLA AND SHIGELLA

1970

1971

1972

1973

1974

1975

1976

1977

1978

1979

1980

1981

1982

1983

1984

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

52 9483

52 9483

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

NATHANIEL BRADFORD

2. DATE
OF
DEATH

Oct. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Virginia

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR U.S. Public Health Service location)
INSTITUTION

Wyman Pk. drive & 31st street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Chincoteague

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore ?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

4/16/77

9. AGE (in years,
last birthday)

75

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR
INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Bradford

14. MOTHER'S MAIDEN NAME

Janie Melvin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.
229-03-8654

17. INFORMANT

ADDRESS

Records-US PHS Hospital, Balto, Md.

18. 199.9

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized carcinomatosis,
primary site undetermined

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Sept. 10, 1952, to Oct. 15, 1952, that I last saw the
deceased alive on Oct. 15, 1952, and that death occurred at 3:10 P. M., from the causes and on the date stated above.

23A. Signature of Physician
Norman Tarr, SA Surgeon

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

10/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 19-52

24C. NAME OF CEMETERY OR CREMATORY

Mechanics

24D. LOCATION (City, town, or county) (State)

Chincoteague Virginia

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Walter M. Clark Clark Funeral

ADDRESS

Chincoteague Va Home

VS 150

current age is especially important. Physicians write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

52 9484

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9484

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIUS MINTZ

2. DATE
OF
DEATH

10-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Singi Hospt

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Maryland

13-01

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO

D. STREET ADDRESS (If rural, give location)

LAKE DRIVE APTS. - LAKE DRIVE

Length of stay in Baltimore

70

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

9. AGE (in years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

REAL ESTATE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

CLEVELAND, Ohio

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ABRAHAM J. MINTZ

14. MOTHER'S MAIDEN NAME

REBECCA

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Isaac Potts - Monument St

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Vascular Accident

8 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15, 1952 to 10-15, 1952, that I last saw the
deceased alive on 10-15, 1952, and that death occurred at 450 pm., from the causes and on the date stated above.

23A. SIGNATURE

Bernard Balskum

M. D.

23B. ADDRESS

Singi Hosp.

23C. DATE SIGNED

10-15-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10-17-52

24C. NAME OF CEMETERY OR CREMATORY

Helen Friendship

24D. LOCATION (City, town, or county)

BALTO

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. L. Lewis Inc - 200 Eutan Pl

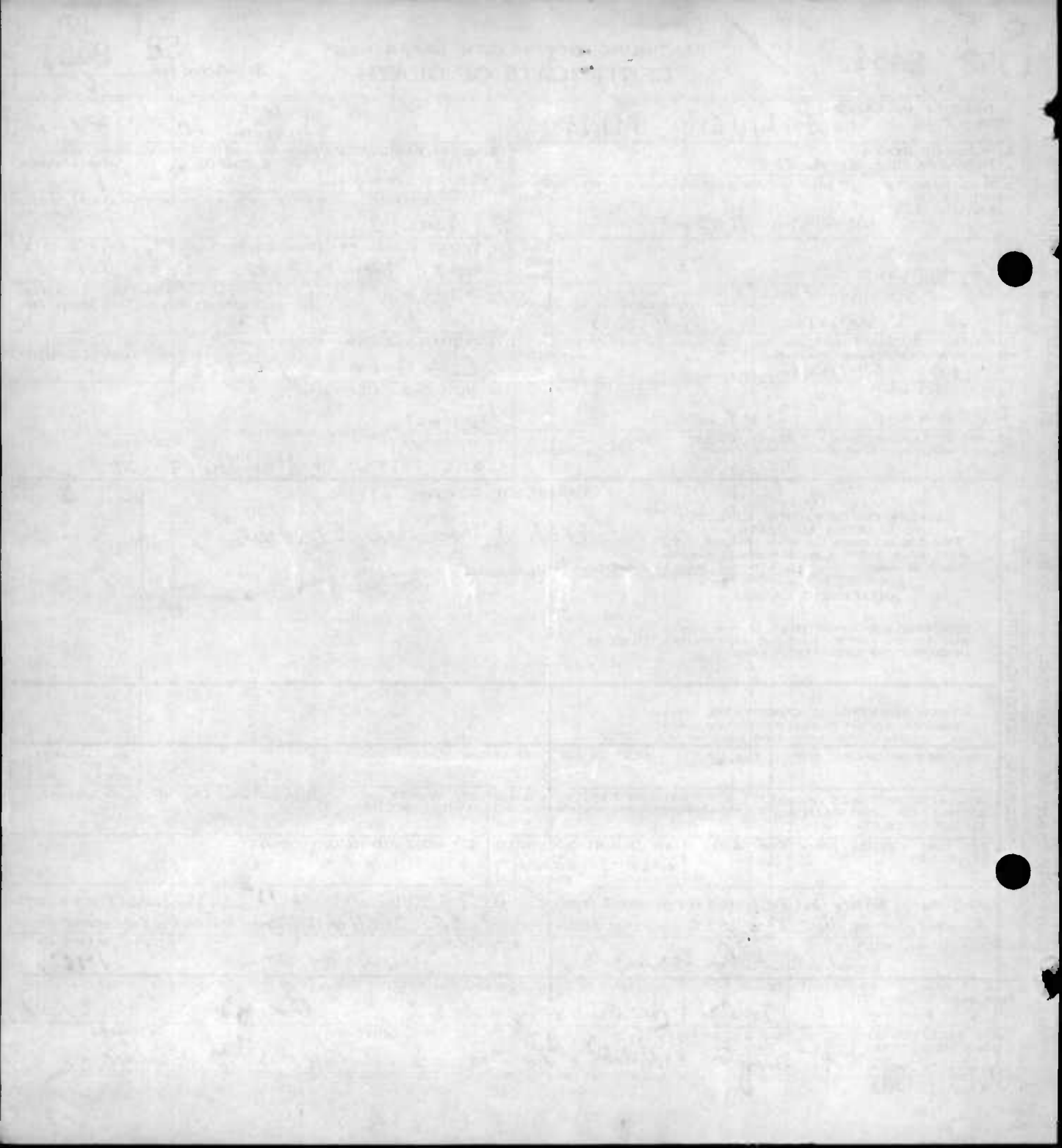
OCT 17 1952

VS 150

19520009479

correct is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9485
Registered No.1. NAME OF DECEASED
(Type or Print)

CLARENCE E. HEPBORN

2. DATE OF DEATH
October 14, 19523. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-02
1604 Druid Hill Avenue

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

October 7, 1889

9. AGE (In years last birthday)

63

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

Const.

13. FATHER'S NAME

John Hebron

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A

14. MOTHER'S MAIDEN NAME

Emily Carroll

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Frank Hebron 1604 Druid Hill Av

18. 022X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Syphilitic aortitis

MOXIX Aneurysm of aorta

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rupture of aneurysm

MOXIX Massive left hemothorax

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Oct. 15, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-20-52

24C. NAME OF CEMETERY OR CREMATORY

National Ave Baltimore

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Jesse W. Tadden 20. Bidger

VS 151

TO: DIRECTOR

FROM: SAC, [illegible]

SUBJECT: [illegible]

DATE: [illegible]

TIME: [illegible]

[The body of the document contains several paragraphs of extremely faint, illegible text. The text appears to be a memorandum or report, but the specific details are not discernible due to the quality of the scan. There are two large black circular marks on the right side of the page, likely from hole punches.]

VS 151

MEDICAL CERTIFICATION

RECEIVED

[Faint, illegible text covering the main body of the page, possibly bleed-through from the reverse side.]

N-630

52 9487

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9487
Registered No.BIRTH NO. *Non des*

1. NAME OF DECEASED (Type or Print) <i>Martha Sharon North</i>			2. DATE OF DEATH <i>OCT 16 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Anne Arundel</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Annapolis</i>		
5. Length of stay in Baltimore Yrs. <i>3</i> Mos. <i>3</i> Days <i>3</i>			D. STREET ADDRESS (If rural, give location) <i>49 1/2 Maryland Ave.</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>	8. DATE OF BIRTH <i>10-12-52</i>		9. AGE (in years last birthday) <i>4</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Md.</i>
13. FATHER'S NAME <i>Robert North</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>760.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>CNS Injury</i> (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>3 1/2 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>? Anoxia at birth</i> (B) DUE TO	
(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>2</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

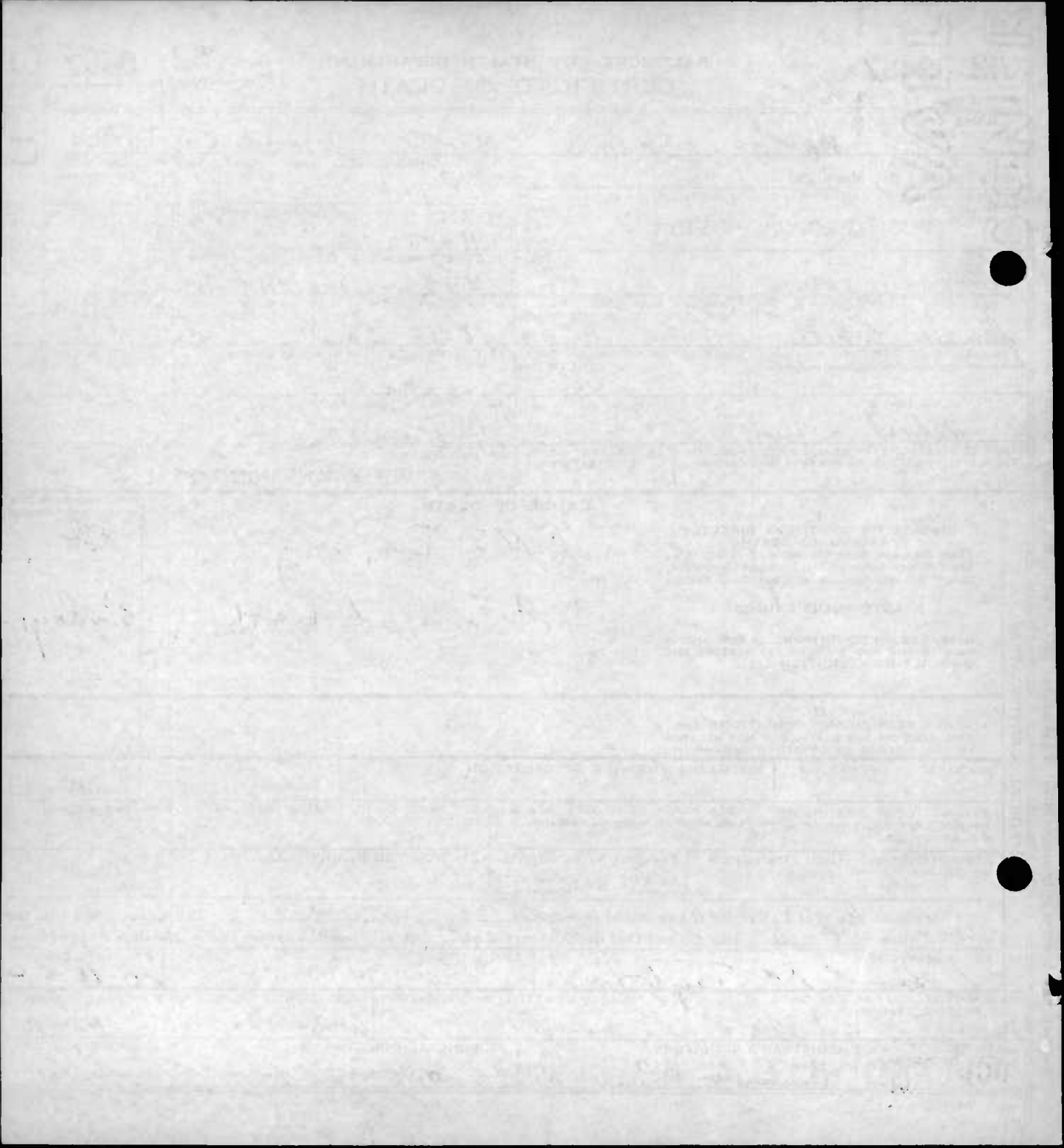
22. I hereby certify that I attended the deceased from *10-14-1952* to *10-16-1952* that I last saw the deceased alive on *10-16-1952*, and that death occurred at *2:07 A* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Robert A. Taylor</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>10-16-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct 17/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St Mary's</i>
24D. LOCATION (City, town, or county) (State) <i>Annapolis</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D. & Happong & Son</i>	ADDRESS <i>Annapolis</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 17 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



correct as is especially important. Physicians write the causes of death clearly and legibly.

2-42

52 9488

RYCHLAK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 9488

BIRTH NO. (George)

1. NAME OF DECEASED (Type or Print) Wojciech Rychlak

2. DATE OF DEATH 10/16/52

3. PLACE OF DEATH A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Md Baltimore 2-03

5. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

7. STREET ADDRESS (If rural, give location) 1815 Thomas Street

8. Length of stay in Baltimore 32 Yrs. Mos. Days

9. SEX M

10. COLOR OR RACE W

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single

12. DATE OF BIRTH April 19, 1892

13. AGE (In years last birthday) 60

14. Under 1 Year Months: Days

15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) steredore

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country) Poland

19. CITIZEN OF WHAT COUNTRY? U.S.

20. FATHER'S NAME Sebastian Rychlak

21. MOTHER'S MAIDEN NAME Anne unknown

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes U.S. I

23. SOCIAL SECURITY NO. 214-01-0781

24. INFORMANT ADDRESS Hospital Record

25. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

26. INTERVAL BETWEEN ONSET AND DEATH 2 wks

27. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 28. AUTOPSY? YES ☒ NO ☐

29. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

30. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

31. 22. I hereby certify that I attended the deceased from 10/9/52, 19, to 10/16/52, 19, that I last saw the deceased alive on 10/16/52, 19, and that death occurred at 1:45 Pm., from the causes and on the date stated above.

32. 23A. SIGNATURE W. Mischevsky Jr. M. D. 23B. ADDRESS Church Home Hosp. 23C. DATE SIGNED 10/16/52

33. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE Oct 20, 1952 24C. NAME OF CEMETERY OR CREMATORY St Stanislaus 24D. LOCATION (City, town, or county) (State) 1300 Dundalk ave

34. DATE RECEIVED BY LOCAL REGISTRAR OCT 17 1952 VS 150 35. REGISTRAR'S SIGNATURE Huntington Williams, M.D. 36. FUNERAL DIRECTOR George A. Weber 705 S Ann

37. 9488 55002483

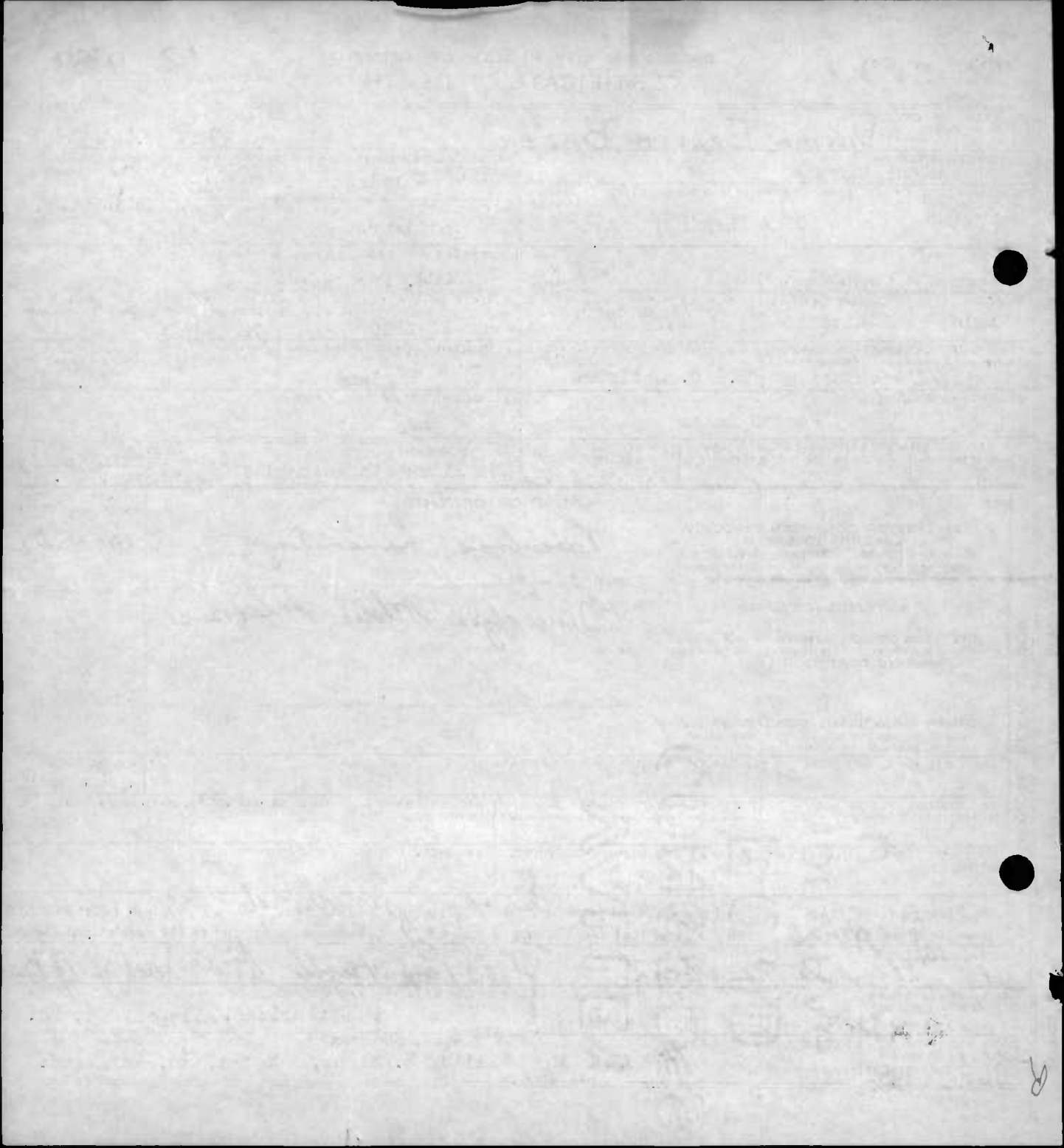
**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9489**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM ERNEST BAKER		2. DATE OF DEATH OCT 16 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3304 Parkington Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-20	
D. STREET ADDRESS (If rural, give location) 3304. Parkington Ave		E. LENGTH OF STAY IN BALTIMORE Yrs. 2 Mos. 2 Days 2	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 12 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist		10B. KIND OF BUSINESS OR INDUSTRY B. & O. Railroad	9. AGE (in years - last birthday) 72
11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Joseph Baker		14. MOTHER'S MAIDEN NAME Mary Kolb	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 705-05-5186	
17. INFORMANT Mrs Elizabeth Whitehill		ADDRESS 3304 Parkington Ave Baltimore, Md.	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage DUE TO Generalized Arterio Sclerosis DUE TO (C) ...		INTERVAL BETWEEN ONSET AND DEATH 10-4-52
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Oct 4 , 19 52 , to Oct 16 , 19 52 , that I last saw the deceased alive on Oct 16 , 19 52 , and that death occurred at 7:20 A.M. , from the causes and on the date stated above.		
23A. SIGNATURE Alan S. Beebe M. D.	23B. ADDRESS 4803 Park Heights Ave	23C. DATE SIGNED Oct 16 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Oct 18 1952	24C. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24D. LOCATION (City, town, or county) (State) Cumberland, Allegany Co., Md.		25. FUNERAL DIRECTOR William H. Kight, Cumberland, Maryland.
DATE RECEIVED BY LOCAL REGISTRAR OCT 17 1952 REGISTRAR'S SIGNATURE Huntington Williams, M.D.		



52 9490

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 9490

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANDY. TONY YOUNGBAR

2. DATE
OF
DEATH

Oct 16-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTO MD

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5706-7th St

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY

—

25-84

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTIMORE MD

D. STREET ADDRESS (If rural, give location)

3706-NINTH ST

Length of stay in Baltimore

58 Yrs.
Mos.
Days

5. SEX

MALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JUNE 3-1894

9. AGE (In years
last birthday)

58

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

GENERAL HELPER

10B. KIND OF BUSINESS OR
INDUSTRY

COAST GUARD

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

U S

13. FATHER'S NAME

PIERCE YOUNGBAR

14. MOTHER'S MAIDEN NAME

NOT KNOWN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

WORLD WAR I

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1951, to Oct 15, 1951, that I last saw the
deceased alive on 9 10/16, 1951 and that death occurred at 11 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3904 S. Harrow St

10/17/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

Oct 52

HOLY CROSS CEM

A A Co.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 17 1952

Huntington Williams, M.D.

Bernard C. Harke, 121 E West St

100-100000

STATE OF NEW YORK
DEPARTMENT OF HEALTH

100-100000

100-100000

100-100000

100-100000

300
52 9491BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9491
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Margaret Scott</i>			2. DATE OF DEATH <i>Oct. 14, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2021 Brunt St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-03</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>2021 Brunt St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 5, 1875</i>	9. AGE (In years last birthday) <i>77</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore Maryland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Lottie Hammond</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		ADDRESS <i>1330 N. Mount St.</i>	

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Myocardial Degeneration*
DUE TO*2 mts*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive Cardiovascular Disease*
DUE TO*6 m*

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from *October 1*, 19*52*, to *Oct. 14*, 19*52*, that I last saw the deceased alive on *Oct. 14*, 19*52*, and that death occurred at *6:00 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 17 1952

Huntington Williams, M.D.

Joseph L. Russ 1206 Skind Hill An.

10-2-80

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

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52 9492

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9492

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. ELIZABETH M. CATHCART

2. DATE
OF
DEATH

Oct. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

White Hall

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

10

From
Moon
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 5, 1879

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

owner, farm

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Williams Ayres

14. MOTHER'S MAIDEN NAME

Zippora Slake

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Laura Richardson, White Hall

18. 490x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) pneumonia, bilateral

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pulmonary congestion, bilateral

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 6, 1952 to Oct. 16, 1952, that I last saw the
deceased alive on Oct. 16, 1952, and that death occurred at 10:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Jesse D. Hubbard

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

10-17-52

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

Oct 20-52

24C. NAME OF CEMETERY OR CREMATORY

Bethel

24D. LOCATION (City, town, or county)

Madonna, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Master Skunk

ADDRESS

Janet S. S. S.

VS 150

19520009407

md

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

08-8

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DECLARATION OF THE

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

155
52 9493

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 9493
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ladie O. Hoffman

2. DATE OF DEATH

Oct. 15 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *4968 Edgemore Ave*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTY *Baltimore*

5. FULL NAME OF HOSPITAL OR INSTITUTION
4968 Edgemore Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-18

6. LENGTH OF STAY IN BALTIMORE *Life*

D. STREET ADDRESS (If rural, give location)
4968 Edgemore Avenue

7. SEX *Female* 8. COLOR OR RACE *White* 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widowed*

10. DATE OF BIRTH *Oct. 4 1869* 11. AGE (In years last birthday) *83*

12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

13. BIRTHPLACE (State or foreign country)
Baltimore Maryland

14. FATHER'S NAME
Unknown

15. CITIZEN OF WHAT COUNTRY?
U. S. A.

16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. MOTHER'S MAIDEN NAME
Unknown

18. SOCIAL SECURITY NO.

19. INFORMANT ADDRESS
Mr. Frank Hoffman 4968 Edgemore Ave

20. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

21. CAUSE OF DEATH
Abdominal carcinomatosis

22. ANTECEDENT CAUSES

23. INTERVAL BETWEEN ONSET AND DEATH
June 1952

24. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

25. DUE TO
gastric malignancy ???

26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

27. DUE TO
?

28. DATE OF OPERATION *1952*

29. MAJOR FINDINGS OF OPERATION
metastases generally of primary source not identified

30. ACCIDENT, SUICIDE, HOMICIDE (Specify)

31. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

33. HOW DID INJURY OCCUR?

34. TIME (Month) (Day) (Year) (Hour) OF INJURY

35. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

36. I hereby certify that I attended the deceased from *Jan 1, 1952*, to *Oct 15, 1952*, that I last saw the deceased alive on *Oct 15, 1952*, and that death occurred at *7 A. M.*, from the causes and on the date stated above.

37. AUTOPSY? YES ☐ NO ☒

38. SIGNATURE
William E. Lounnan

39. ADDRESS
4843 Park Heights Ave

40. DATE SIGNED
10-16-52

41. BURIAL, CREMATION, REMOVAL (Specify)

42. DATE
Oct. 17 1952

43. NAME OF CEMETERY OR CREMATORY
London Park

44. LOCATION (City, town, or county) (State)
Baltimore, Maryland

45. DATE RECEIVED BY LOCAL REGISTRAR
OCT 17 1952

46. REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

47. FUNERAL DIRECTOR
Loring Byers

48. ADDRESS
5305 E. 12th Ave

VS 150

11-5-20-22-9-400

<p>1. Name of plant</p>	<p>1. Name of plant</p>
<p>2. Locality</p>	<p>2. Locality</p>
<p>3. Date</p>	<p>3. Date</p>
<p>4. Collector</p>	<p>4. Collector</p>
<p>5. Description of plant</p>	<p>5. Description of plant</p>
<p>6. Use of plant</p>	<p>6. Use of plant</p>
<p>7. Remarks</p>	<p>7. Remarks</p>
<p>8. Name of collector</p>	<p>8. Name of collector</p>
<p>9. Name of collector</p>	<p>9. Name of collector</p>

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9494
Registered No.52 9494
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
BERNICE BARANY		October 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-02	
6. Length of stay in Baltimore Since 1929		D. STREET ADDRESS (If rural, give location) 2302 Callow Avenue	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Aug 17 1907
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress	12. KIND OF BUSINESS OR INDUSTRY Rest. Bus.	13. BIRTHPLACE (State or foreign country) Hannover, Penna.	14. CITIZEN OF WHAT COUNTRY?
15. FATHER'S NAME Samuel Robert		16. MOTHER'S MAIDEN NAME Effie Little	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		18. SOCIAL SECURITY NO. 216-01-1173	
19. INTERMENT ADDRESS		20. ADDRESS	

18. 230X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ruptured aneurysm of circle of Willis

XXXXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Subarachnoid hemorrhage

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Oct. 17, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 17 1952

VS 151

correct age is especially important. Physicians: Every item of information should be carefully supplied. The

1948, 57

STATE OF NEW YORK

1948, 57

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 9495**

52 9495
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. John T. Foley			2. DATE OF DEATH 10-16-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 23 20-03		
Length of stay in Baltimore ? Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location) 2047 Hollins St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12-23-05		9. AGE (In years last birthday) 46
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ? ELECTRICAL WORKER			10B. KIND OF BUSINESS OR INDUSTRY C.N.T.		11. BIRTHPLACE (State or foreign country) Missouri
13. FATHER'S NAME Walter Foley			14. MOTHER'S MAIDEN NAME Lulu Auxiere		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 213-03-8605	17. INFORMANT ADDRESS Wife - Mrs. Mary Foley - 2047 Hollins St.		

18. 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) HEPATIC COMA -		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cirrhosis of Liver		
(B) CHRONIC ALCOHOLISM		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CHRONIC FIBROSING PANCREATITIS	
--	--

19A. DATE OF OPERATION 10-17-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10/11/52**, 19**52**, to **10/16/52**, that I last saw the deceased alive on **10/16/52**, and that death occurred at **1:05 P.M.**, from the causes and on the date stated above.

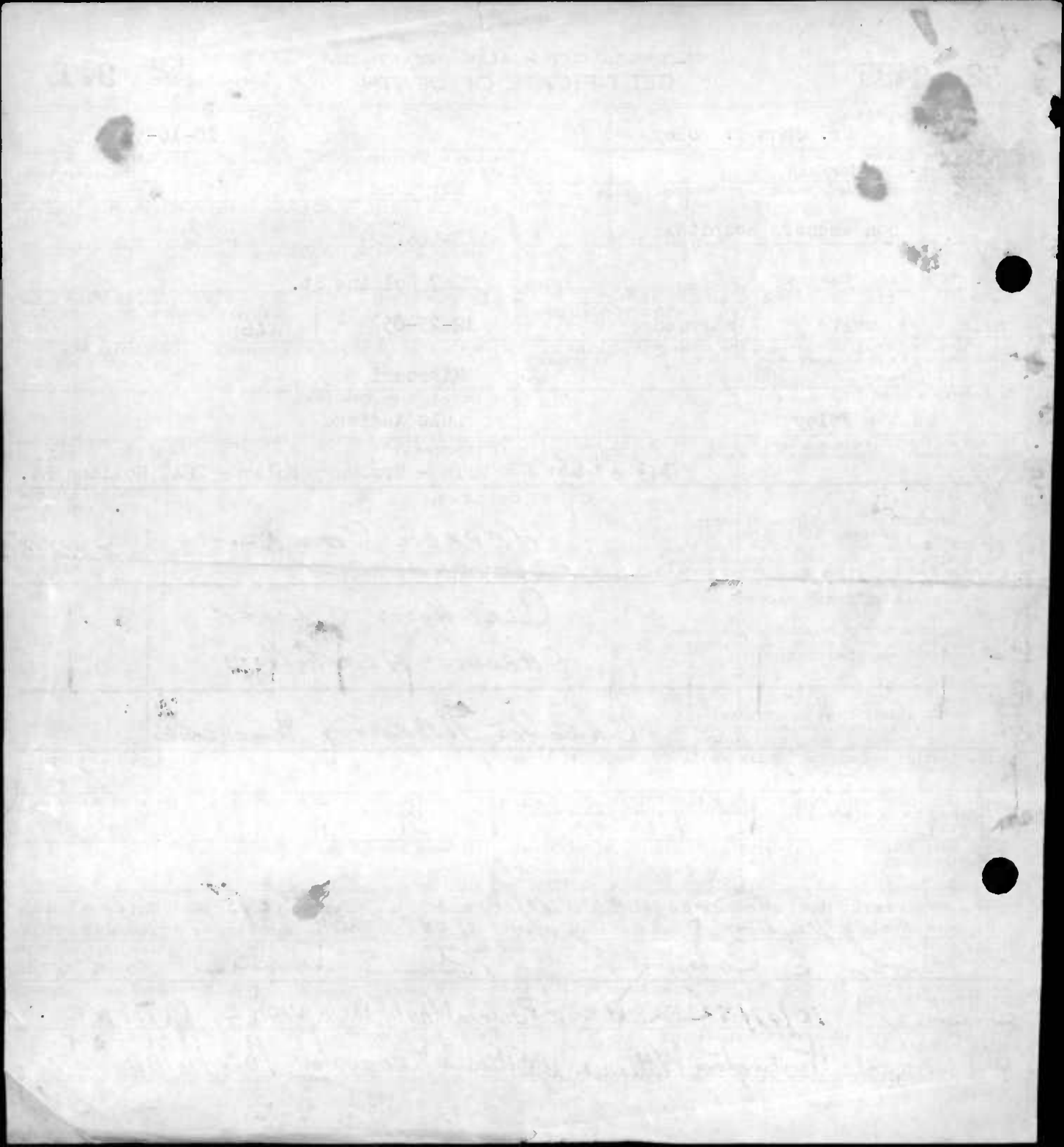
23A. SIGNATURE John E. Carroll Jr.		23B. ADDRESS Bon Secours		23C. DATE SIGNED 10/16/52	
--	--	------------------------------------	--	-------------------------------------	--

24A. BURIAL CREMATION, REMOVAL (Specify) Removed		24B. DATE 10/17/52		24C. NAME OF CEMETERY OR CREMATORY PRENTICE FUNERAL HOME		24D. LOCATION (City, town, or county) (State) BERWICK - MAINE	
DATE RECEIVED BY LOCAL REGISTRAR OCT 17 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Thomas J. Kerry Inc		ADDRESS 1600 Hollins St	

515247 9495

MEDICAL CERTIFICATION

PLEASE PRINT THE CAUSE OF DEATH CLEARLY AND LEGIBLY.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Shipley Lloyd W.

2. DATE
OF
DEATH

Oct. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1249 Maple Ave. #27

E. Length of stay in Baltimore

63

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED, *
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret Steamfitter

10B. KIND OF BUSINESS OR INDUSTRY

Bto. R.R.

13. FATHER'S NAME

John Winfield Shipley

11. BIRTHPLACE (State or foreign country)

Md,

12. CITIZEN OF WHAT COUNTRY?

U S A

14. MOTHER'S MAIDEN NAME

Ida Chaney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret W. Shipley 1249 Maple Ave. Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Thrombosis
DUE TO Arteriosclerotic C. V. D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral embolic phenomena
DUE TO A.S.C.V.D.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 10-2, 1952 to 10-15, 1952, that I last saw the deceased alive on 10-15, 1952, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George Stein

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

10-15-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct 18/52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry H. W. H. 4101 Edmondson Ave

GT 17 1952

VS 1952

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MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of burial place		17. Signature of burial place		18. Signature of burial place	
19. Signature of burial place		20. Signature of burial place		21. Signature of burial place	
22. Signature of burial place		23. Signature of burial place		24. Signature of burial place	
25. Signature of burial place		26. Signature of burial place		27. Signature of burial place	
28. Signature of burial place		29. Signature of burial place		30. Signature of burial place	
31. Signature of burial place		32. Signature of burial place		33. Signature of burial place	
34. Signature of burial place		35. Signature of burial place		36. Signature of burial place	
37. Signature of burial place		38. Signature of burial place		39. Signature of burial place	
40. Signature of burial place		41. Signature of burial place		42. Signature of burial place	
43. Signature of burial place		44. Signature of burial place		45. Signature of burial place	
46. Signature of burial place		47. Signature of burial place		48. Signature of burial place	
49. Signature of burial place		50. Signature of burial place		51. Signature of burial place	
52. Signature of burial place		53. Signature of burial place		54. Signature of burial place	
55. Signature of burial place		56. Signature of burial place		57. Signature of burial place	
58. Signature of burial place		59. Signature of burial place		60. Signature of burial place	
61. Signature of burial place		62. Signature of burial place		63. Signature of burial place	
64. Signature of burial place		65. Signature of burial place		66. Signature of burial place	
67. Signature of burial place		68. Signature of burial place		69. Signature of burial place	
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73. Signature of burial place		74. Signature of burial place		75. Signature of burial place	
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79. Signature of burial place		80. Signature of burial place		81. Signature of burial place	
82. Signature of burial place		83. Signature of burial place		84. Signature of burial place	
85. Signature of burial place		86. Signature of burial place		87. Signature of burial place	
88. Signature of burial place		89. Signature of burial place		90. Signature of burial place	
91. Signature of burial place		92. Signature of burial place		93. Signature of burial place	
94. Signature of burial place		95. Signature of burial place		96. Signature of burial place	
97. Signature of burial place		98. Signature of burial place		99. Signature of burial place	
100. Signature of burial place		101. Signature of burial place		102. Signature of burial place	

B-253-
52 9497

52 9497

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mattie B Buchanan

2. DATE
OF
DEATH

10/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

9 N. Armitz St.

18-01

8. DATE OF BIRTH

Sept 27, 1891

9. AGE (In years last birthday)

59 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hollywood, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Holmes

14. MOTHER'S MAIDEN NAME

Mollie Warren

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Effie Rozell 9 N. Armitz St

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Vascular Accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

No operation

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

No injury

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

No injury

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

No injury

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

No injury

22. I hereby certify that I attended the deceased from 10/15, 1952 to 10/16, 1952, that I last saw the deceased alive on 10/16, 1952, and that death occurred at 2 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Samuel W. Deisher

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10/19/1952

24C. NAME OF CEMETERY OR CREMATORY

Harvey Taylor Cemetery

24D. LOCATION (City, town, or county)

Windsor

(State)

Va

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams, Schuler St

ADDRESS 322 N

52 9498

CERTIFICATE CORRECTED 11-24-52

52 9498

L-135-

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)FOY ~~FOX~~ ASTON LUPTON2. DATE
OF
DEATH

Oct. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2513 Queen Anne Rd.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

13. FATHER'S NAME

J. Lee Aston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mr. William W. Lupton-2513 Queen Anne Rd.

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Terminal broncho pneumonia

8 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Generalized carcinomatous

4 mths?

Primary cancer of breast.

? 6 mths

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of breast

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

none

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

none

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4, 1952 to 10/16, 1952, that I last saw the
deceased alive on 10/16, 1952, and that death occurred at 5:15 PM, from the causes and on the date stated above.

23A. SIGNATURE

Dr. Maurice Feldman

M. D.

23B. ADDRESS

The Latrobe, Charles St.

23C. DATE SIGNED

10/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

10/18/52

24C. NAME OF CEMETERY OR CREMATORY

Ft. Lincoln

24D. LOCATION (City, town, or county)

Washington, D. C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

OCT 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Pickner & Sons

ADDRESS

Baths. 17, Md.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

NO. 11

11

11

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

CAUSE OF DEATH

DIAGNOSIS

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

ETHNIC ORIGIN

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

ETHNIC ORIGIN

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

ETHNIC ORIGIN

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

ETHNIC ORIGIN

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

R-452
52 9499BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

Rollins
52 9499

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GRACE B. ROLLINS			2. DATE OF DEATH Oct 16, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4105 Ridgewood Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4103 Ridgewood Ave. 15-10		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 15, 1871	9. AGE (In years last birthday) 81	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Q. A. House			14. MOTHER'S MAIDEN NAME Jane Thorpe		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Mrs. Edythe Vellines-4105 Ridgewood Ave.		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-vascular accident DUE TO (A) Cerebro-vascular accident INTERVAL BETWEEN ONSET AND DEATH 30 min.	CAUSE OF DEATH Cerebro-vascular accident DUE TO (B) Arteriosclerosis DUE TO (C)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) F INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Oct. 12, 1952** to **Oct. 16, 1952**, that I last saw the deceased alive on **Oct. 16, 1952**, and that death occurred at **3 A.** m., from the causes and on the date stated above.

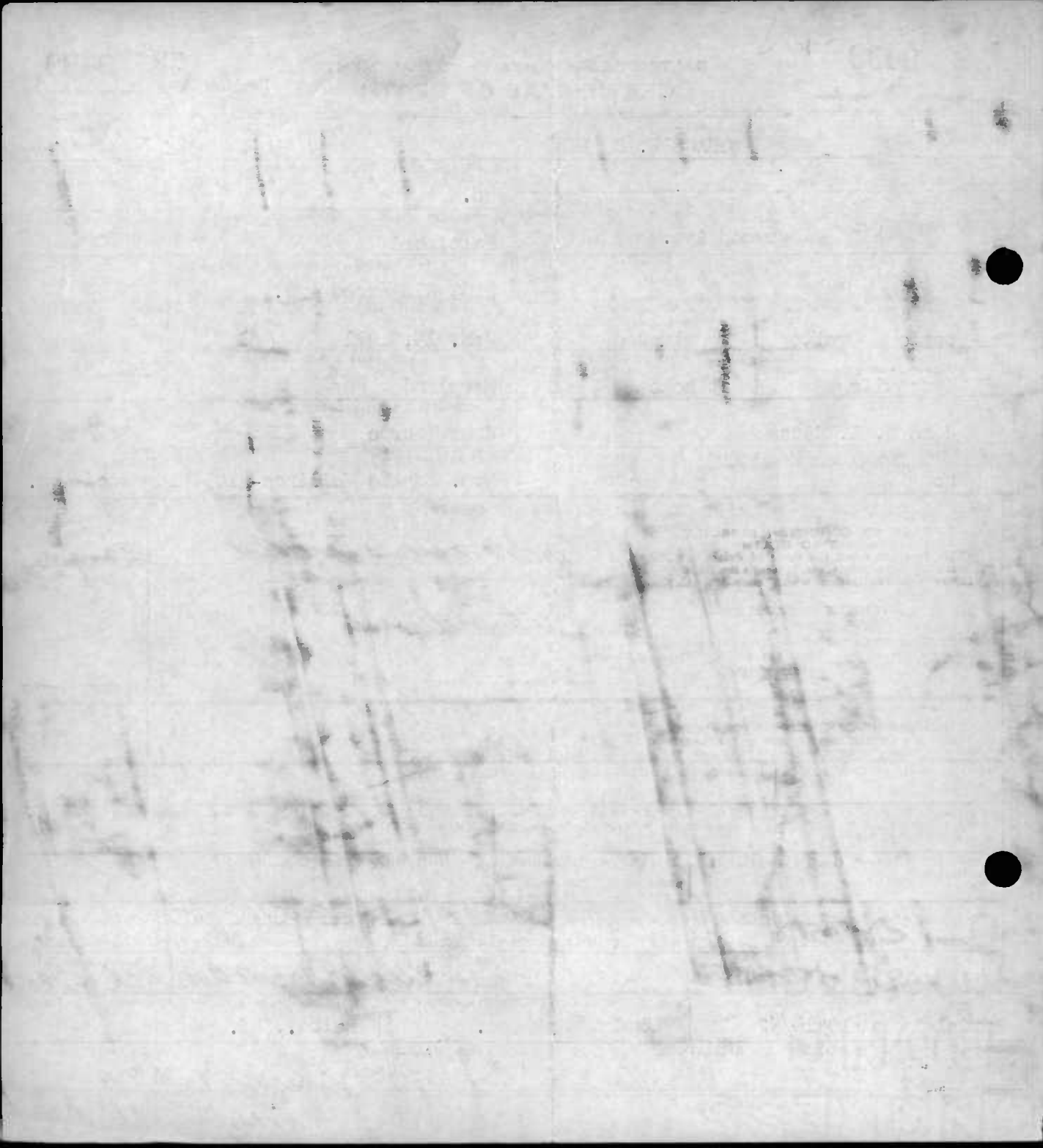
23A. SIGNATURE
Marvin Goldstein
M. D.

23B. ADDRESS
5334 Liberty Heights Ave.

23C. DATE SIGNED
Oct. 16, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10/18/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
--	------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR Oct 17 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Siskner & Sons	ADDRESS Balto. 17, Md.
--	---	--	----------------------------------



G-635-

52 9500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 9500
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George N. Gordon

2. DATE
OF
DEATH

OCT 16 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

928 Mc Donough St. 7-04

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4-23-04

9. AGE (in years
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Gordon

14. MOTHER'S MAIDEN NAME

Harvey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 022X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Aortic aneurysm

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Septic

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-15-52

19B. MAJOR FINDINGS OF OPERATION

Resection aortic aneurysm

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-21-1952 to 10-16-1952 that I last saw the
deceased alive on 10-16-1952, and that death occurred at 6:22 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Raper Duncanson Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-16-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

10-20-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem A. A. Co

24D. LOCATION (City, town, or county)

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Montgomery Williams, M.D.

25. FUNERAL DIRECTOR

Rayner Sanders

ADDRESS

217 E. Preston St

117 1952
VS 150

1-5-2 97099

